

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Measyston Alexandroitz

Died at East Brooklyn a Pa Co

MARYLAND

Date of death 1903 8 8 Age 7 Months Days

Sex Male Color or Race White Birth-place East Brooklyn

Married, Single or Widowed Occupation In fact

Name of Wife or Husband

Father's Name Julian Alexandroitz

Father's Birthplace Russia

Mother's Maiden Name Annie

Mother's Birthplace Russia

Name of person giving information Geo Alexandroitz

How related to deceased Brother

CAUSES OF DEATH

Primary Cholera Infantum

How long 1 week

Immediate Carcinoma

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J H Robinson M D
Brooklyn Md

Accident or Suicide?

No

PHYSICIAN
OR CORONER



Name
in
Full

Benjamin C. Bevan

CERTIFICATE OF DEATH

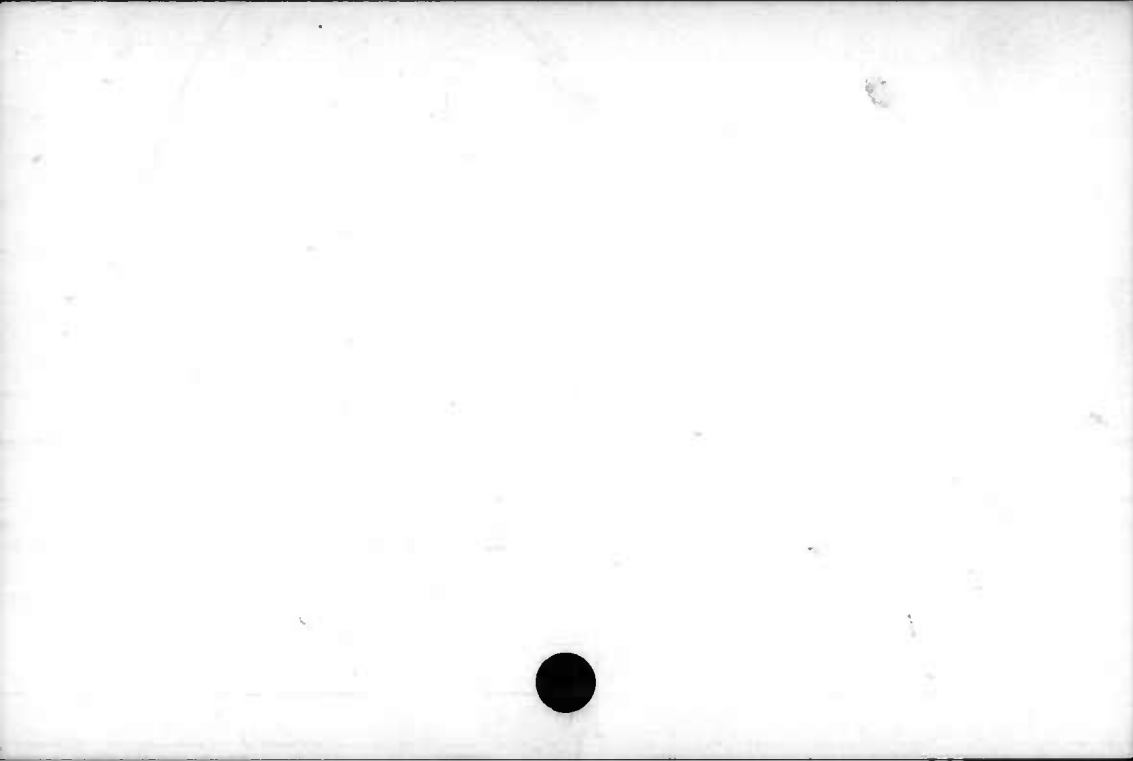
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>8</i>	Day <i>16</i>	Age <i>57</i>	Years <i>57</i>	Months <i>11</i>	Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Prince George's</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Fireman</i>					
Name of Wife or Husband <i>Eliza Bevan</i>							
Father's Name <i>John T. Bevan</i>				Father's Birthplace —			
Mother's Maiden Name <i>Elaine Ellee</i>				Mother's Birthplace —			
Name of person giving In formation <i>Ernest Bevan</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diabetes Mellitus</i>	How long <i>50</i>	How long <i>Two years</i>
Immediate <i>Bronchitis</i>		<i>Two days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Geo. Wells</i>	
<i>Yes</i>	Address <i>Annapolis</i>	
Accident or Suicide? <i>No</i>	<i>Maryland</i>	



Name
in
Full

Caroline S Bulman

CERTIFICATE OF DEATH

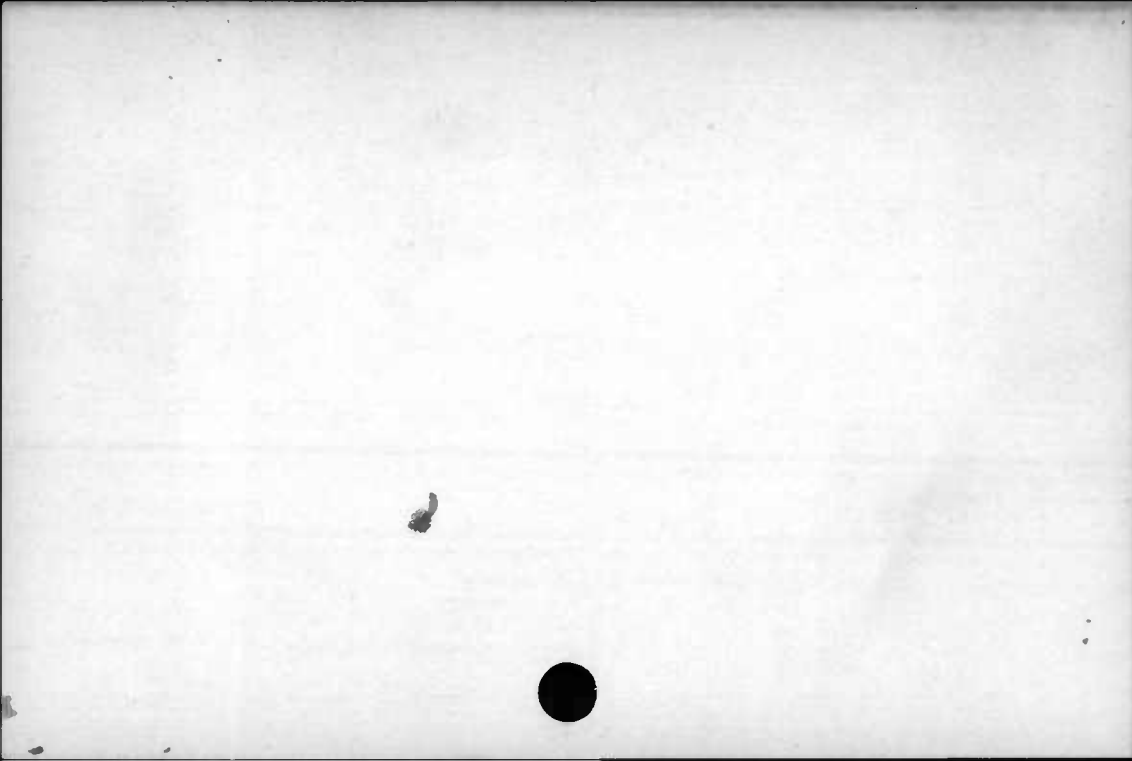
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brooklyn</i> ^{Town}		<i>Albany</i> ^{County}		— MARYLAND	
Date of death 1903	<i>Aug</i> ^{Month}	<i>2</i> ^{Day}	<i>1</i> ^{Years}	<i>2</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Brooklyn</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>none</i>		
Name of Wife or Husband					
Father's Name <i>Clinton Bulman</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Catharine Preskel</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>J B Robinson</i>			How related to deceased <i>none</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i> <i>8</i>	How long <i>3 weeks</i>
Immediate <i>Acute myocarditis</i>	How long <i>2 1/2 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J B Robinson</i>
	Address <i>Brooklyn, N.Y.</i>
Accident or Suicide?	



Name
in
Full

Lorenza D Bosman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death 1903	Month <i>August</i>	Day <i>29th</i>	Age <i>35</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place				
Married, Single or Widowed <i>Single</i>		Occupation <i>Mate of dredge</i>					
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving In formation <i>Lewis J. Ferguson</i>				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
<i>Drowned 172</i>	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John H Davis</i>
<i>yes</i>	Address <i>Annapolis M D</i>
Accident or Suicide?	<i>Accident</i>
	<i>Cornice</i>



Name in Full		George Brewer				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Annapolis	County Ad		MARYLAND	
	Date of death 1903	Month August	Day 8 th	Years	Months 7	Days	
	Sex	Male		Color or Race	colored		Birth-place
	Married, Single or Widowed			Occupation			
	Name of Wife or Husband						
	Father's Name				Father's Birthplace		
	Mother's Maiden Name				Mother's Birthplace		
Name of person giving information				How related to deceased			
				Mother			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Marasmus 105			How long	
	Immediate		exhaustion			How long	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		John Ridout	
	ger			Address		Annapolis Md	
	Accident or Suicide?						



Name

in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Arthur E Brooks

Died at ^{Town} Brooklyn ^{County} @, @

Date of death 1903 ^{Month} Aug. ^{Day} 14 Age ^{Years} 2 ^{Months} 8 ^{Days} —

Sex Male Color or Race Black Birth-place Brooklyn, Md.

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Wm H. Brooks

Father's Birthplace

Balto., Md.

Mother's Maiden Name

Lillie Brooks

Mother's Birthplace

Brooklyn, Md.

Name of person giving Information

Wm H Brooks

How related to deceased

Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Whooping Cough

How long

2 months

Immediate

Chronic Bronchitis

How long

3 months

Are the name, age, sex, color, date and place correctly given above?

yes

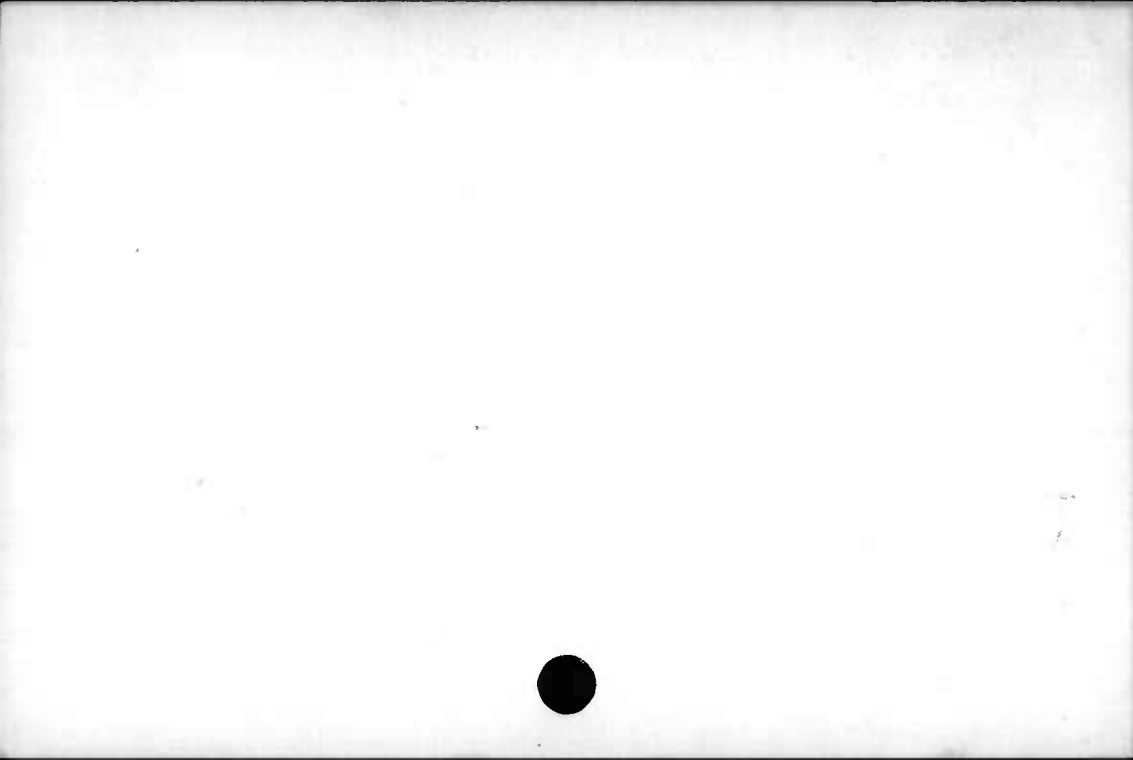
Signature of Physician

Thos. B Horton M.D.

Address

So. Balto., Md.

Accident or Suicide?



Name in Full		Sarah Brown				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND				
		Near Annapolis		Row	AA					
		Date of death 1903		Month	Day	Age	Months	Days		
		3 August 30 th			62					
		Sex		Color or Race		Birth-place				
		Female		colored		AA Co.				
		Married, Single or Widowed		Occupation						
		Married		House-wife						
		Name of Wife's Husband		Charles Brown						
		Father's Name		Charles Colbert		Father's Birthplace		AA Co.		
		Mother's Maiden Name		Minnie Colbert		Mother's Birthplace		AA Co.		
		Name of person giving information		Son		How related to deceased				

		CAUSES OF DEATH		79	
PHYSICIAN OR CORONER		Primary		How long	
		Valvular Disease		Three months	
		Immediate		How long	
		Of the Heart			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Yes		John Ridout	
				Address	
				Annapolis	
		Accident or Suicide?			



Name
in
Full

Walter Eugenio Brown

CERTIFICATE OF DEATH

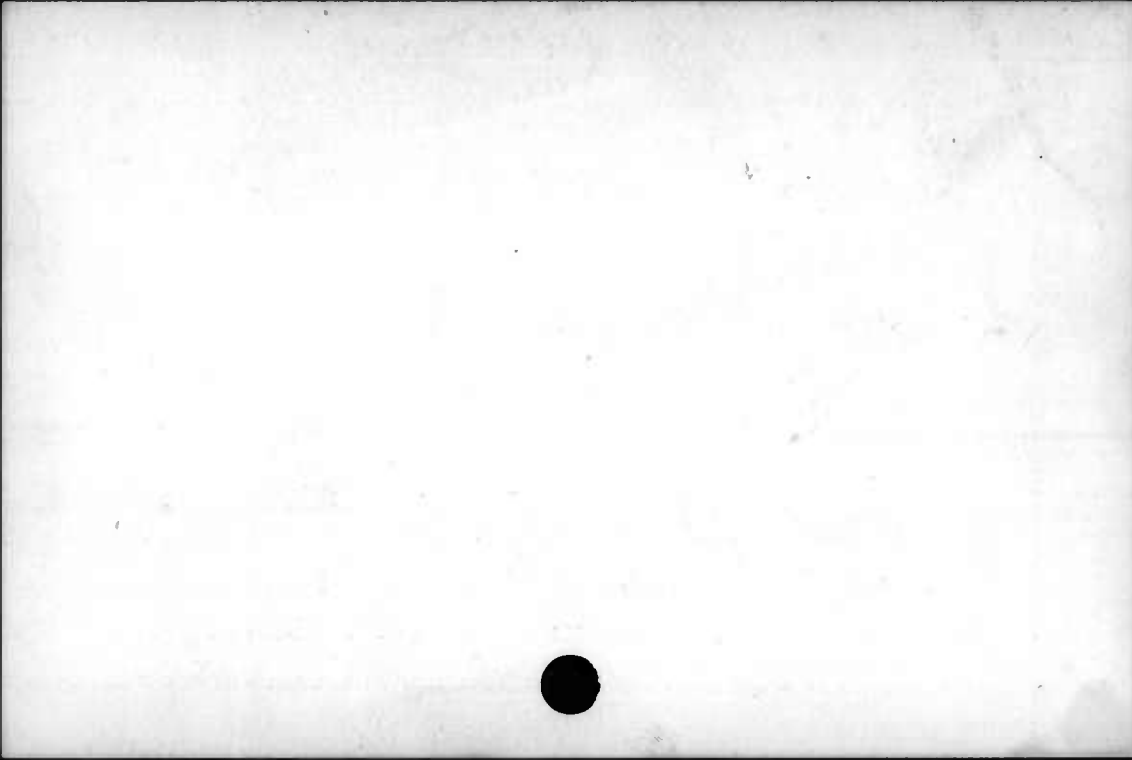
TO BE ANSWERED BY
NEAREST FRIEND

Died at Annapolis		Town Annapolis		County Anne Arundell		MARYLAND	
Date of death 190 3	Month Aug	Day 3	Age 3	Years 3	Months 3	Days 3	
Sex Male	Color or Race White	Birth-place Annapolis					
Married, Single or Widowed Single		Occupation 					
Name of Wife or Husband 							
Father's Name John H. Brown				Father's Birthplace Annapolis			
Mother's Maiden Name Willie N. Frasier				Mother's Birthplace Annapolis			
Name of person giving information Willie N. Frasier				How related to deceased Mother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

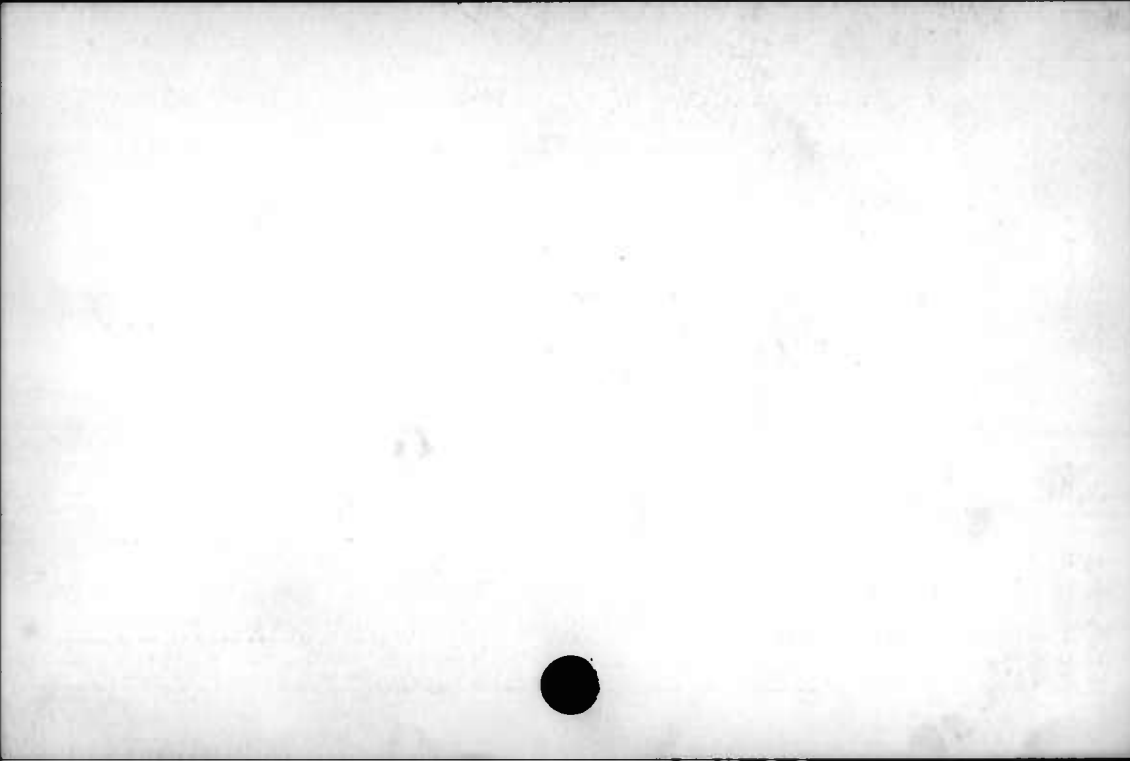
Primary Congenital Leses	How long From birth
Immediate Acute Diarrhoea & exhaustion	How long 3 wks.
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician S. S. Hephurn Md.
	Address Annapolis Md.
Accident or Suicide? 	



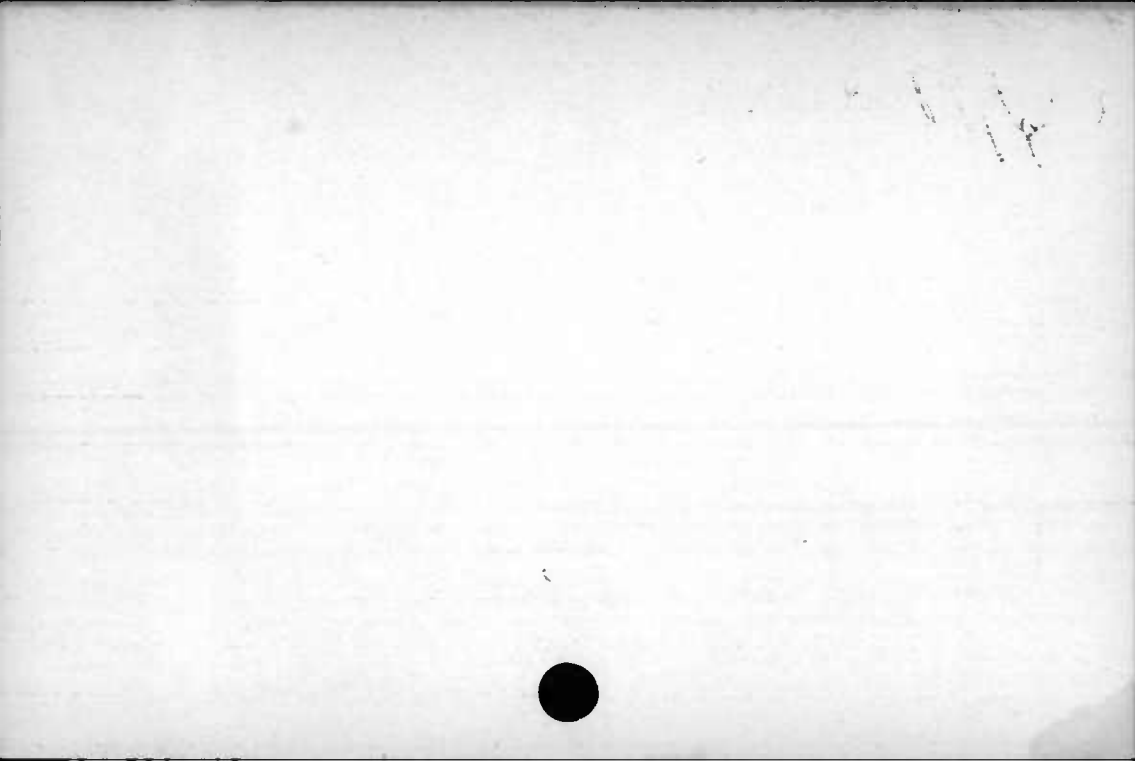
Name in Full		Town		County		STATE	
Ella Burley		Annapolis		Art		MARYLAND	
Died at		Date of death		Age		Months Days	
3 August 23		68					
Sex		Color or Race		Birth-place			
Female		colored		Md.			
Married, Single or Widowed		Occupation					
Name of Wife or Husband		book					
Daniel Burley							
Father's Name		Father's Birthplace					
Unknown		Art Co.					
Mother's Maiden Name		Mother's Birthplace					
Unknown		Md.					
Name of person giving information		How related to deceased					
Son							
CAUSES OF DEATH							
Primary		How long					
Tuberculosis		Months					
Immediate		How long					
Exhaustion							
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
		Address					
		J. A. Adams					
Accident or Suicide?		Undertaker					



Name in Full		George Campbell				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Town		County		MARYLAND	
		Died at Annapoli		Anne Arundel			
		Date of death 1903	Month Aug.	Day 25	Age	Months	Days 8
		Sex Male	Color or Race white	Birth-place Annapoli			
		Married, Single or Widowed		Occupation			
		Name of Wife or Husband					
		Father's Name Henry Campbell				Father's Birthplace Annapolis	
		Mother's Maiden Name Ellice Freeman				Mother's Birthplace Annapolis	
		Name of person giving information Henry Campbell				How related to deceased Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary Heart Disease				How long since birth	
		Immediate				How long	
		Are the name, age, sex, color, date and place correctly given above? Yes.				Signature of Physician J. J. Murphy	
						Address Annapolis	
		Accident or Suicide?					



Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Annaphie		At		MARYLAND			
		Date of death 190		3 August		8		Age		1	
		Sex		Female		Color or Race		colored		Birth- place	
		Married, Single or Widowed				Occupation				10 city	
		Name of Wife or Husband									
		Father's Name		George Jay		Father's Birthplace		At Co.			
		Mother's Maiden Name		Alice Green		Mother's Birthplace		city			
		Name of person giving In formation		Mother		How related to deceased					
CAUSES OF DEATH											
PHYSICIAN OR CORONER		Primary		Pertussis		How long		Ten days			
		Immediate		Bronchitis		How long					
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Investigated			
						Address		By Health Officer			
		Accident or Suicide?									



Name
in
Full

Howard E. Diggs

CERTIFICATE OF DEATH

Died at

Annapolis

County

AA

MARYLAND

Date

of death 1903

Month

August

Day

4th

Years

2

Months

Days

Sex

Male

Color or
Race

Colored

Birth-
place

city

Married, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
Name

Aaron Diggs

Father's
Birthplace

city

Mother's
Maiden Name

Susan Queen

Mother's
Birthplace

AAbs

Name of person giving
In formation

Father

How related
to deceased

CAUSES OF DEATH

Primary

Pertussis

How long

Five days

Immediate

Bronchitis

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

John Ridout
Annapolis
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

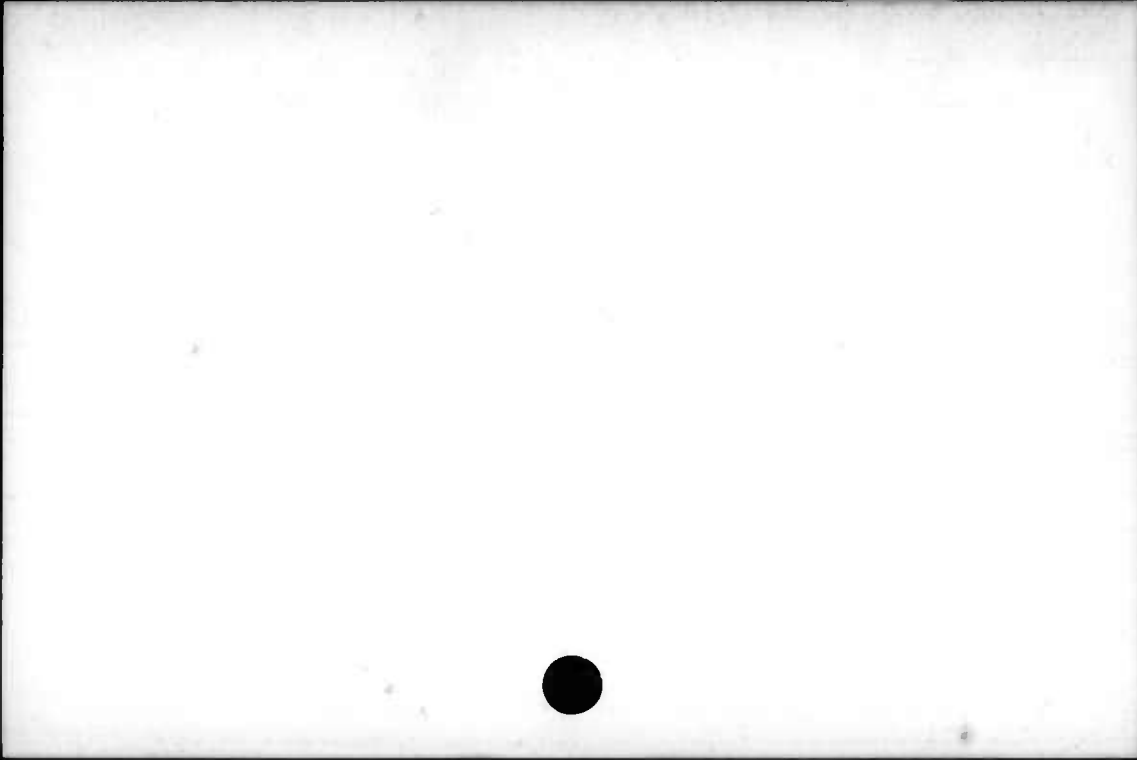
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Angeline Disney</i>		Town <i>Benfield</i>		County <i>Anne Arundel</i>		MARYLAND	
Died at <i>Benfield</i>		Month <i>8</i>		Day <i>24</i>		Age <i>72</i>	
Date of death <i>1903</i>		Months <i>2</i>		Days <i>8</i>			
Sex <i>female</i>		Color or Race <i>White</i>		Birth-place <i>Severn Md</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Wilson Disney</i>					
Father's Name <i>Benjamin Ray</i>		Father's Birthplace <i>Prince Geo Co</i>					
Mother's Maiden Name <i>Moulden</i>		Mother's Birthplace <i>Prince Geo Co</i>					
Name of person giving Information <i>Naomi Ward</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Anurism of Pulmonary Artery</i>		How long <i>2 years</i>	
Immediate <i>Rupture of Anurism Hemorrhage</i>		How long <i>Immediate</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm D. Boisard</i>	
Reported by <i>Wm D. Boisard</i>		Address <i>Gambills Md</i>	
Accident or Suicide?			



Name
in
Full

Sarah A Dorsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Curtis Bay		County a n		MARYLAND	
Date of death 190	3	Month 8	Day 30	Age 21	Years	Months	Days
Sex	Female		Color or Race	Cauc		Birth- place	Ma
Married, Single or Widowed	Married			Occupation Housewife			
Name of Wife or Husband Washington Dorsey							
Father's Name Wm Lee				Father's Birthplace Ma			
Mother's Maiden Name Sarah Coole				Mother's Birthplace —			
Name of person giving In formation Washington Dorsey				How related to deceased Husband			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Puerperal Fever 127		How long	10 days
Immediate	Heart Failure		How long	
Are the name, age, sex, color, date and place correctly given above?		4-3	Signature of Physician Charles Coole	
			Address	
Accident or Suicide?				



Name
in
Full

Mary Frances Elgin

CERTIFICATE OF DEATH

Died at ^{Town} Eastport ^{County} A. A.

MARYLAND

Date of death 1903 ^{Month} Aug ^{Day} 1 ^{Years} Age ^{Months} 3 ^{Days}Sex Female ^{Color or Race} White ^{Birth-place}Occupation — ^{Where Residing if not at place of death} Washington County MdMarried, Single or Widowed ^{Name of Wife or Husband}Father's Name J. T. Elgin ^{Father's Birthplace} Md.Mother's Maiden Name Fannie Elgin ^{Mother's Birthplace} MdName of person giving Information ^{How related to deceased}

CAUSES OF DEATH

Primary ^{How long} Cr. Anoxia alwaysImmediate " Exhaustion 105 ^{How long} always

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

[Chas. W. & Co.]
IndemnityH. R. Walter
Baltimore
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Name *Joseph Finkle* Town *Annapolis* County *Anne Arundel*Died at *Annapolis* Date of death 190 *3* Aug. Month *11* Day *11* Age Years Months *2* Days *8*Sex *Male* Color or Race *White* Birth-place *Annapolis*

Married, Single or Widowed _____ Occupation _____

Name of Wife or Husband _____

Father's Name *J. H. Finkle*Father's Birthplace *Annapolis*Mother's Maiden Name *Anne Mitchell*Mother's Birthplace *Annapolis*Name of person giving Information *J. H. Finkle*How related to deceased *Father*

CAUSES OF DEATH

Primary *Chronic Tuberculosis*

How long _____

Immediate *Enterocolitis*

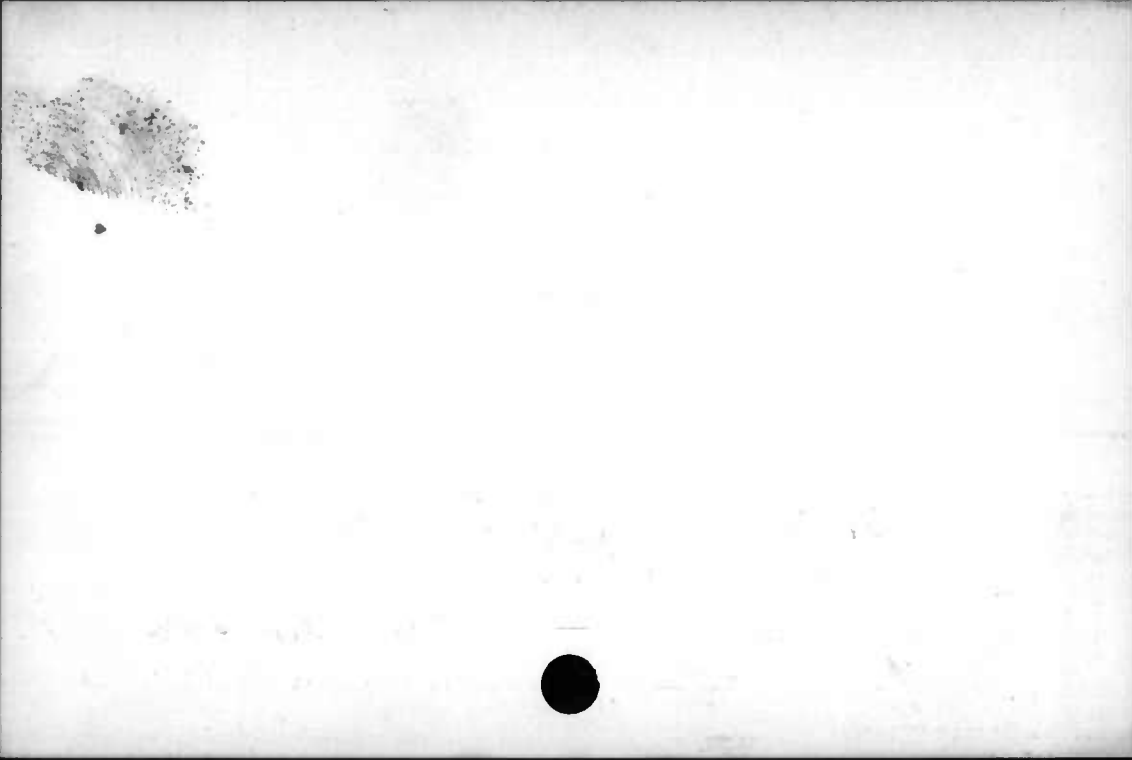
How long _____

Are the name, age, sex, color, date and place correctly given above? *as far as*Signature of Physician *J. H. Thompson M.D.*

Address

*am aware of**193 Church St.
Annapolis, Md*

Accident or Suicide? _____



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month	Day	Years	Months	Days	
of death 1903		August	5 th	Age	10		
Sex	Female	Color or Race	colored	Birth-place	city		
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Edward Fletcher				city			
Mother's Maiden Name				Mother's Birthplace			
Eliza Dennis				city			
Name of person giving information				How related to deceased			
Mother							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Enterocolitis	How long	Two weeks
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. N. E. Campbell M.D.	
		Address	
		John Ridout M.D.	
Accident or Suicide?			



Name
in
Full

Henrietta Susan Follansbee

CERTIFICATE OF DEATH

Died at <i>Bamburles</i> Town		County <i>Anne Arundel</i>		MARYLAND	
Date of death 190	<i>3</i> Month <i>Aug</i>	Day <i>18th</i>	Years <i>79</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Prin George</i>		
Married, Single or Widowed <i>Widow</i>		Occupation <i>House wife</i>			
Name of Wife or Husband <i>Joseph V. Follansbee</i>					
Father's Name <i>James Webb</i>			Father's Birthplace <i>England</i>		
Mother's Maiden Name <i>Charissa H. Magruder</i>			Mother's Birthplace <i>Prin Anne Co Md</i>		
Name of person giving information <i>H. M. C. Maynard</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

Primary <i>Enteric - Colitis</i>	How long <i>106</i>	Since <i>July 24, 1903</i>
Immediate <i>Respiratory Paralysis</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Oliver P. Penning</i>	
	Address <i>101 East Linnola St</i>	
Accident or Suicide? <i>Natural</i>	<i>Balto. Md</i>	

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND,

John James Goghon, Jr.
Town Annapolis, County Anne Arundel

Died at 12 o'clock

Date of death 5th 3 August 1884. Age 49

Months 6 Days

Sex male Color or Race white Birth-place Annapolis

Married, Single or Widowed unmarried Occupation librarian

Name of Wife or Husband

Father's Name John Goghon, Sr. Father's Birthplace Ireland

Mother's Maiden Name Ann Doyle Mother's Birthplace "

Name of person giving information P. D. Goghon How related to deceased brother

CAUSES OF DEATH

Primary Primary Liver 112 How long One year

Immediate Congestion of Liver How long Three days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician Geo. Wells

Yes no.

Address Annapolis

Accident or Suicide?

Ward



Name
in
Full

Blanche Gray

CERTIFICATE OF DEATH

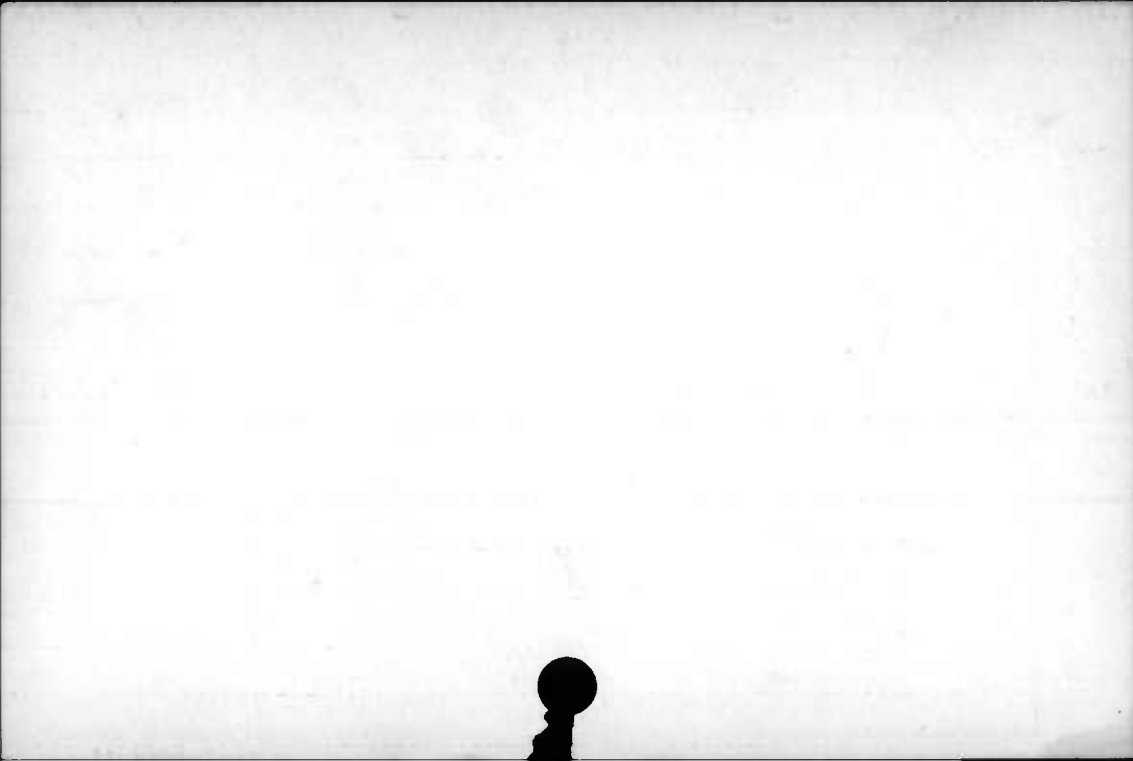
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Annapolis		^{County} St		MARYLAND	
Date of death 1903	Month August	Day 22 nd	Age 24	Years	Months
Sex Female	Color or Race colored		Birth-place city		
Married, Single or Widowed Married	Occupation		House Girl		
Name of wife or Husband Wm Gray					
Father's Name Asbury Stepney			Father's Birthplace city		
Mother's Maiden Name Mary Cook			Mother's Birthplace city		
Name of person giving information Mother			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Inberculosis	How long	Ten months
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician John Ridout, M.D.	
Yes		Address Annapolis, Md	
Accident or Suicide?			



Name
in
Full

Louis Gray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month	Day	Age	Years	Months	Days
of death 1903		August	17 th	7		1	17
Sex		Male		Color or Race		colored	
Married, Single or Widowed				Occupation		Birth-place	
Name of Wife or Husband						city	
Father's Name		Robert Gray		Father's Birthplace		At Co.	
Mother's Maiden Name		Bessie Hall		Mother's Birthplace		Md.	
Name of person giving information		Mother		How related to deceased			

CAUSES OF DEATH 105

PHYSICIAN
OR CORONER

Primary	Marasmus	How long	Since Birth
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. A. Adams	
		Address	
		Undertaker	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

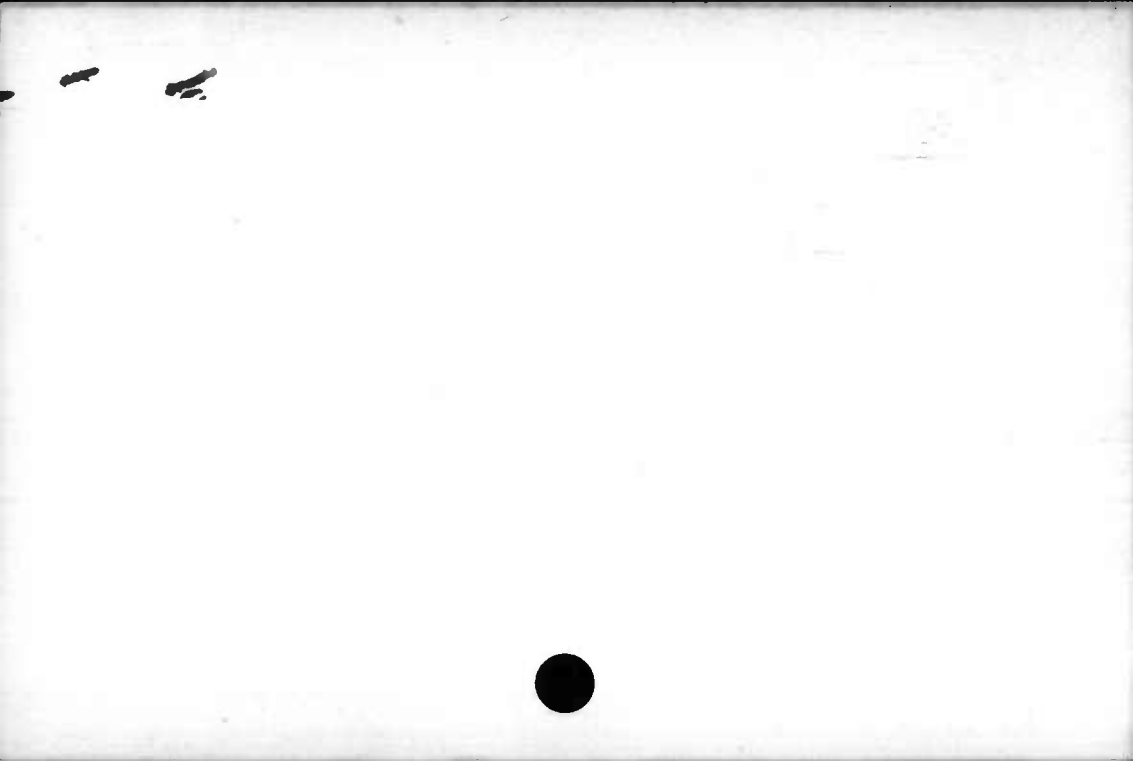
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>3rd district</i> ^{Town}		<i>aa</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	<i>8</i> ^{Month}	<i>25</i> ^{Day}	<i>80</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>MA</i>		
Married, Single or Widowed <i>Widowed</i>	Occupation				
Name of Wife or Husband <i>Nathan Hawkins</i>					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Soloman Hawkins</i>			How related to deceased <i>son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senile</i>	<i>154</i>	How long <i>week</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>No Med. Aid</i>	
<i>Wollett F. M. Y. J. C.</i>	Address	
Accident or Suicide? <i>Undertaken</i>	<i>Annapolis</i>	



Name
in
Full

Mary Holland

CERTIFICATE OF DEATH

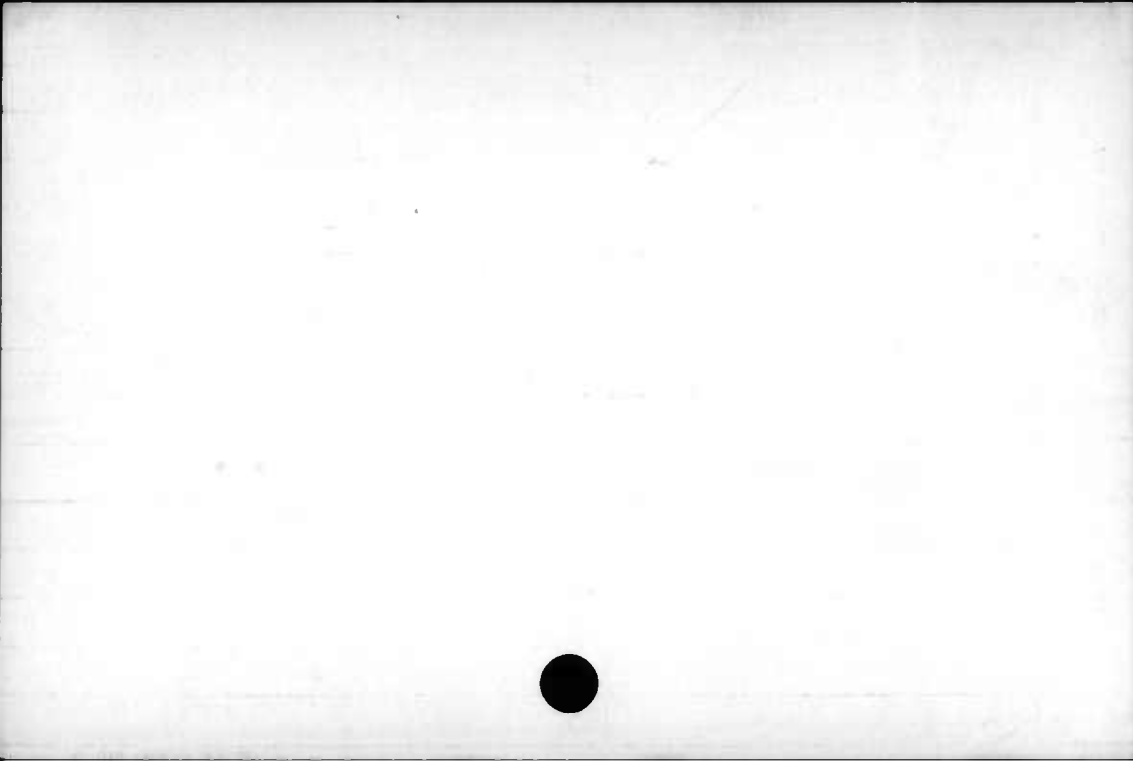
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>best Friendship</i> Town		<i>A A</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Aug</i>	Day <i>27</i>	Age <i>48</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>A. A. Co</i>		
Married, Single or Widowed <i>married</i>			Occupation <i>Housewife</i>		
Name of Wife or Husband <i>William Holland</i>					
Father's Name <i>Samuel Estep</i>			Father's Birthplace <i>A. A. Co</i>		
Mother's Maiden Name <i>Barbara Briggs</i>			Mother's Birthplace <i>A. A. Co</i>		
Name of person giving information <i>Brother Samuel Estep</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Slab Wounds</i>	How long <i>10 minutes</i>
Immediate <i>Shock</i>	How long <i>176</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. L. Brayshaw</i>
	Address <i>Friendship</i>
Accident or Suicide?	<i>M. S.</i>



Name
in
Full

Charles Isaac

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Odenton</u> Town		<u>a.a.</u> County		MARYLAND	
Date of death <u>1903</u>	Month <u>August</u>	Day <u>28</u>	Age <u>0</u>	Months <u>10</u>	Days
Sex <u>Male</u>		Color or Race <u>Black</u>		Birth-place <u>Odenton</u>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <u>Jefferson Isaac</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Eliza Hanson</u>			Mother's Birthplace <u>" "</u>		
Name of person giving Information <u>Jefferson Isaac</u>			How related to deceased <u>Father</u>		

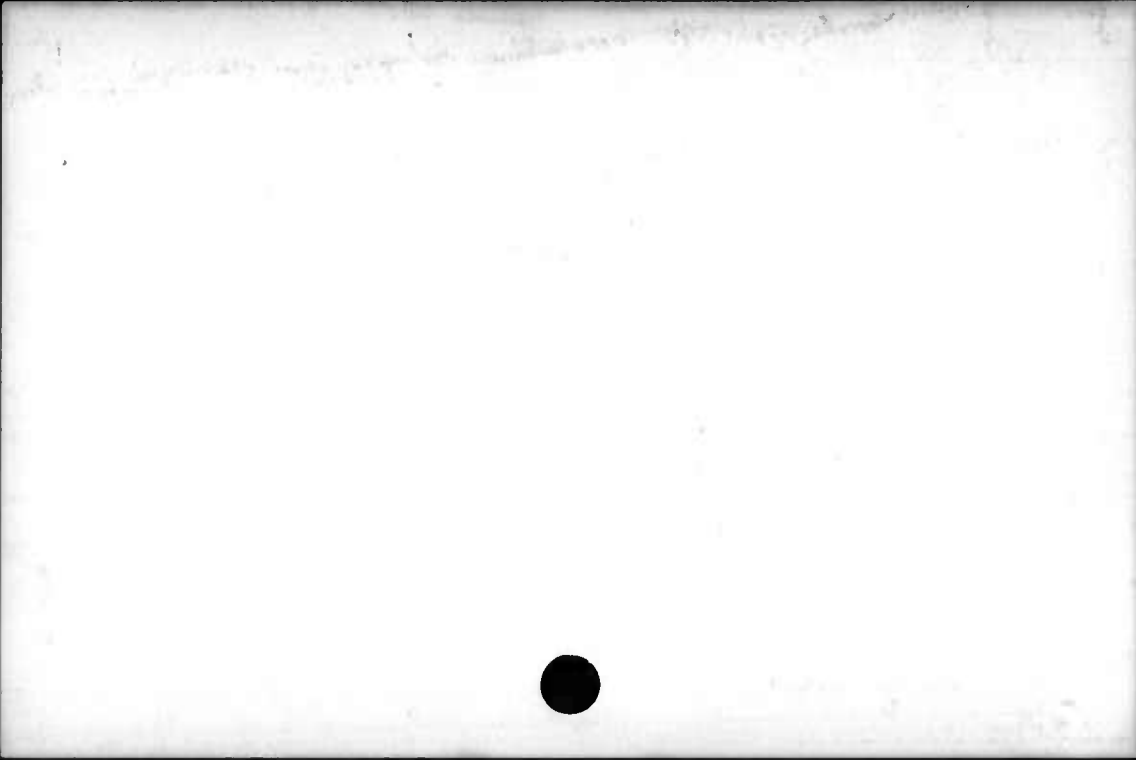
Signed

~~E. D. Joyce~~

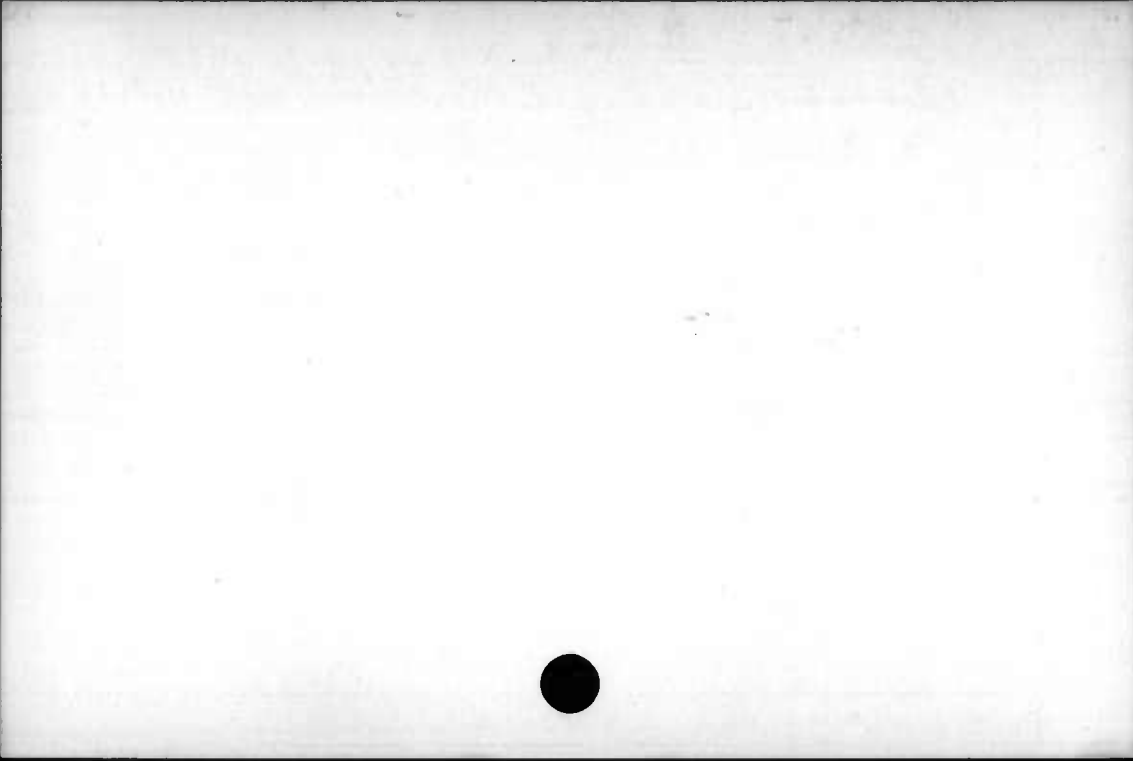
CAUSES OF DEATH

~~Coroner~~PHYSICIAN
OR CORONER

Primary	<u>Inanition & Mal Nutrition</u>	How long	<u>Since birth</u>
Immediate	<u>Convulsions</u>	How long	<u>Half hour</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>E. D. Joyce J. P. Seal</u>	
		Address	
		<u>acung Coroner</u>	
		<u>Millersville Md</u>	
Accident or Suicide?			



Name in Full		Nathan James				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Annapolis	County Ad		MARYLAND	
	Date of death 190	3	Month August	8 th	Day	Age 67	Years
	Sex		Male		Color or Race	Col	
	Married, Single or Widowed		Married		Occupation	Laborer	
	Name of Wife or Husband		Mary James		Father's Birthplace	Md	
	Father's Name		Unknown		Mother's Birthplace	Md	
	Mother's Maiden Name		Unknown		How related to deceased	Wife	
	Name of person giving In formation		Mary James				
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Asthma & Chronic			How long 8 Months	
	Immediate		Nephritis			How long 120	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		John Ridout, Md	
	Yes			Address		Annapolis Md	
	Accident or Suicide?						



Name
in
Full

Peter Jennings

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Amthorpoth</u> ^{town}		County <u>Anne Arundel</u>		MARYLAND		
Date of death 190	<u>3</u> ^{Month}	<u>aug</u> ^{Day}	<u>3</u> rd	Age <u>70</u> ^{Years}	<u> </u> ^{Months}	<u> </u> ^{Days}
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>A.A.Co.</u>			
Married, Single or Widowed <u>Widower</u>	Occupation <u>Laborer</u>					
Name of Wife or Husband <u>Linderville Brown</u>						
Father's Name <u>Unknown</u>				Father's Birthplace <u> </u>		
Mother's Maiden Name <u> </u>				Mother's Birthplace <u> </u>		
Name of person giving information <u>J. A. Adams</u>				How related to deceased <u> </u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Senility</u>	How long	<u>154</u>
Immediate	<u>Exhaustion</u>	How long	<u>Months</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>No. 8 Physician</u>	
<u>yes</u>		Address <u>J. A. Adams</u>	
Accident or Suicide?		<u>Undertaker</u>	



Name
in
Full

CERTIFICATE OF DEATH

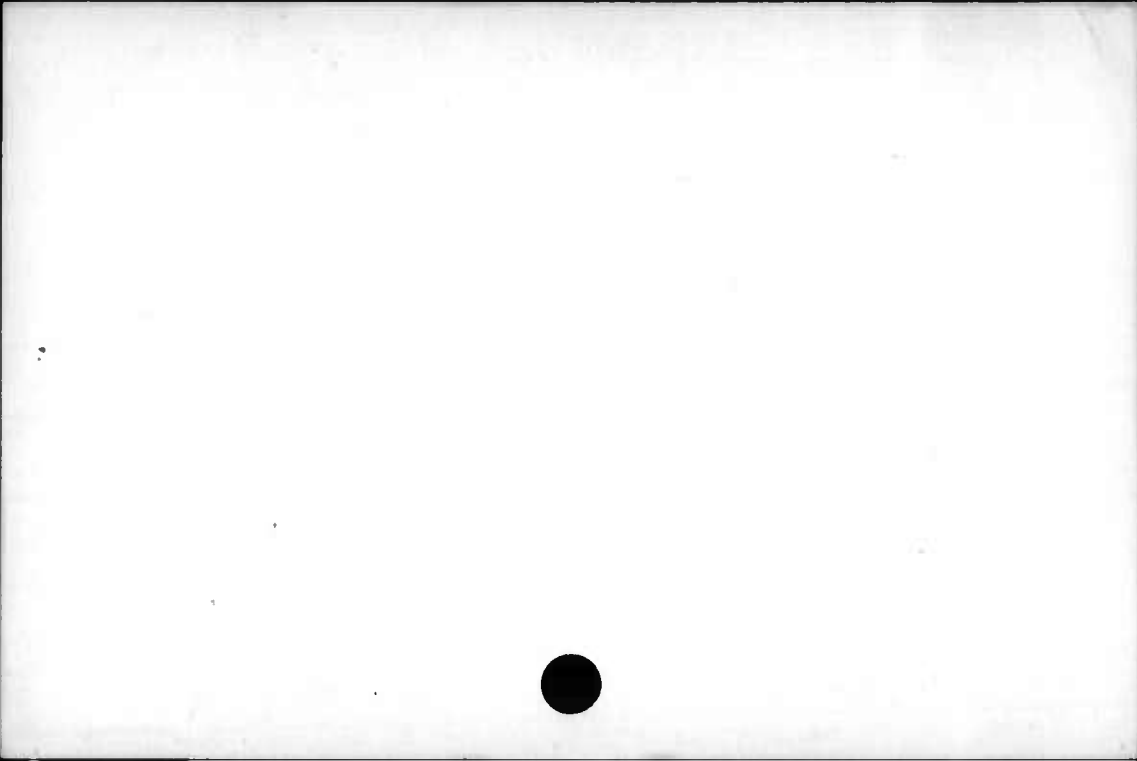
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Jessup</u> ^{Town}		<u>Anne Arundel</u> ^{County}		MARYLAND	
Date of death	<u>1903</u>	Month <u>8</u>	Day <u>19</u>	Age <u>57</u> ^{Years}	Months <u> </u> Days <u> </u>
Sex	<u>Female</u>	Color or Race	<u>negro</u>	Birth-place	<u>Anne Arundel Co. Md.</u>
Occupation	<u>House wife</u>		Where Residing if not at place of death <u>Jessup</u>		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>James Lyles</u>		
Father's Name	<u>do not know</u>			Father's Birthplace	<u>do not know</u>
Mother's Maiden Name	<u>do not know</u>			Mother's Birthplace	<u>do not know</u>
Name of person giving Information	<u>George Lyles</u>			How related to deceased	<u>Son</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Rheumatism</u>	How long	<u>Five years</u>
Immediate	<u>Endocarditis</u>	How long	<u>six months</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Wm. H. Hammond</u>
		Address	<u>Jessup Md.</u>
* Accident or Suicide?	<u> </u>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Rachel Mc Lane* Town *Curtis Creek* County *A A*

Died at *Curtis Creek*

Date of death 190*3* Month *8* Day *25* Age *89* Years Months *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *MD*

Married, Single or Widowed *None* Occupation *None*

Name of Wife or Husband *Asbury M. Lane*

Father's Name *Brice Malmon* Father's Birthplace *MD*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving information *Benjamin M. Lane* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *suicide by cutting throat* How long *60*

Immediate *4* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *H. L. Hawkins* Address *Brooklyn MD*

Accident or Suicide? *—*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

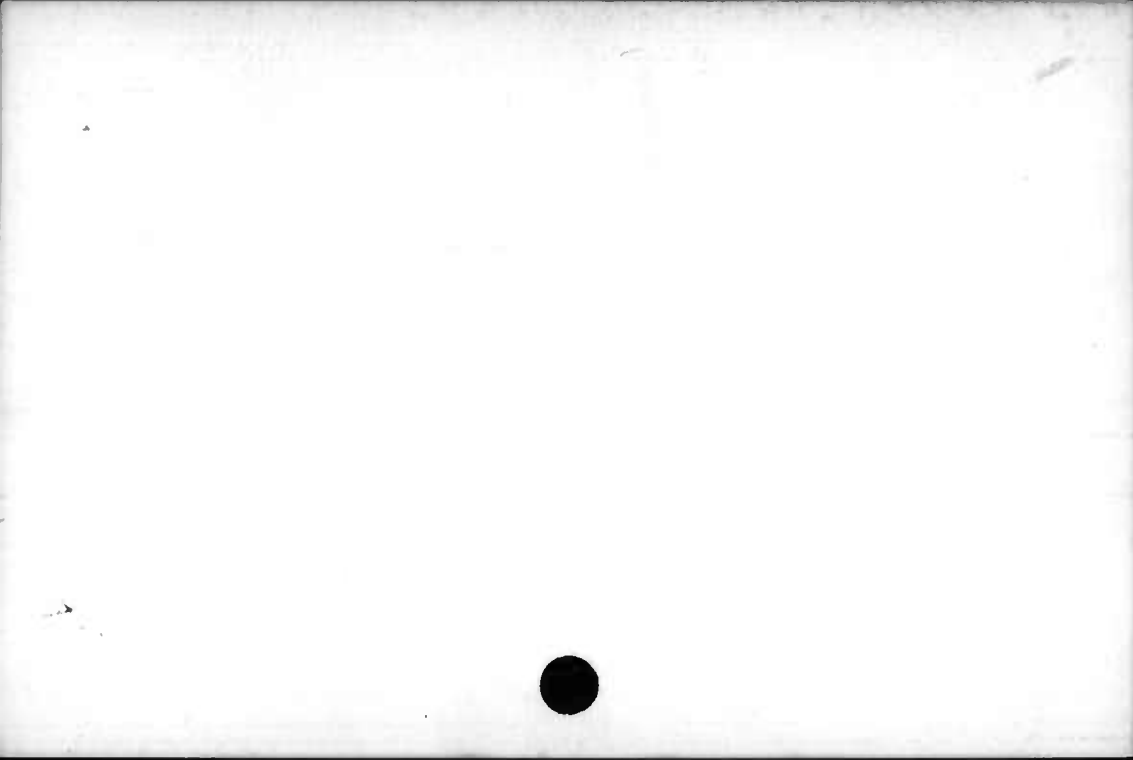
MARYLAND

Died at <i>Shady Side</i> ^{Town}		<i>A. St.</i> ^{County}			
Date of death <i>1903</i>	Month <i>Aug</i>	Day <i>30</i>	Years <i>24</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>C. C. Co. Md.</i>		
Occupation <i>Cytermen</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>William Henry Matthews</i>	Father's Birthplace <i>Md</i>		Mother's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Rachel Scott</i>	Name of person giving Information <i>John Matthews</i>		How related to deceased <i>Cousin</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i> <i>27</i>	How long <i>8 months</i>
Immediate <i>Pulmonary Hemorrhage</i>	How long <i>2 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. T. Dent</i>
	Address <i>Churchton, Md.</i>
Accident or Suicide? <input type="checkbox"/>	



Name in Full

Olive C. H. Matthew

Town

Annapolis

County

Anne Arundel

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Aug

10

Age

19

Annapolis

Male

White

Married

Widow

Divorced

Number of children living

Female

Colored

Single

Widower

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

How long sick

Cause of

Primary

Death

Immediate

Accident, Suicide, Homicide

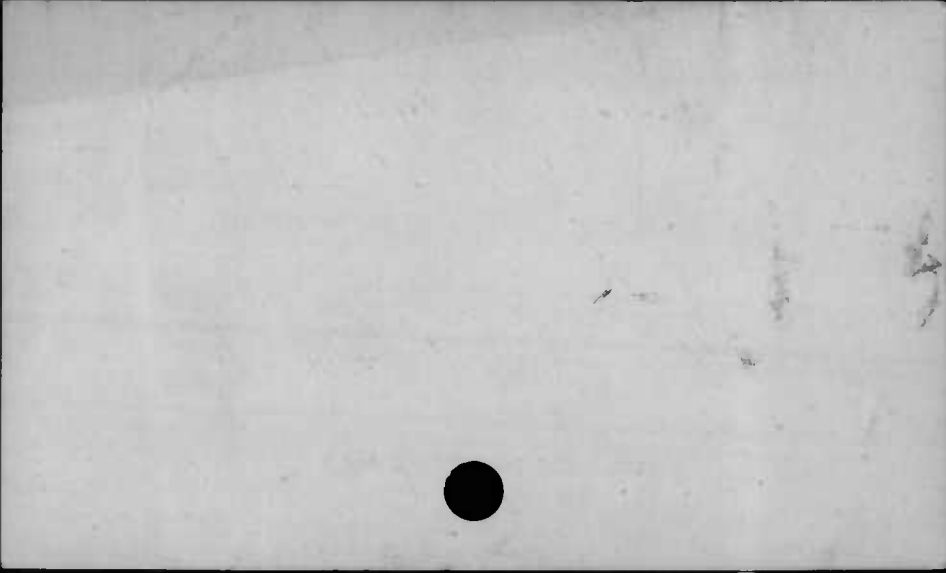
Reported by

Address

D. W. E. C.

Campbell

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Eva Matuchesky

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} East Brooklyn

^{County} A.D.

Date of death 1903 Aug 23

Age

Years

Months

Days

Sex Female

Color or
Race

White

Birth-
place

East Brooklyn

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Mike Matuchesky

Father's
Birthplace

Russia

Mother's
Maiden Name

Dora Stefansky

Mother's
Birthplace

Russia

Name of person giving
Information

Mike Matuchesky

How related
to deceased

Father

CAUSES OF DEATH

Primary

Infantile Convulsions

How long

One hour

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

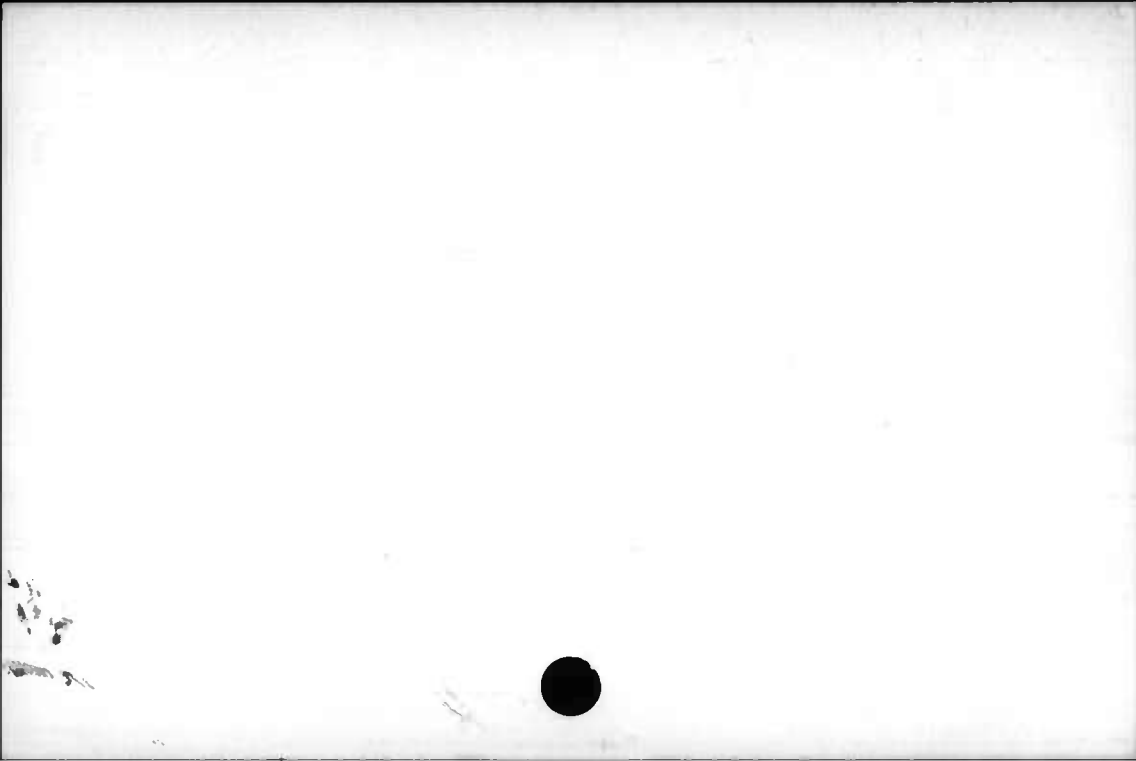
Address

Thos. B. Horton M.D.
501 B. Alto. Md

Accident or Suicide?



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Jertunde		Glen Don Bowen Moore		
	Town		County		
	Died at Arnold's Station		Adams County		MARYLAND
	Date of death	Month	Day	Age	Years
	1903	August	30th	1	
	Sex Female		Color or Race White		Birth-place
	Occupation		Where Residing if not at place of death		Arnold's Station Adams Co. Md.
PHYSICIAN OR CORONER	Married, Single or Widowed		Name of Wife or Husband		
	Single				
	Father's Name		Father's Birthplace		
	Charles W. Moore		Montgomery Co. Md.		
	Mother's Maiden Name		Mother's Birthplace		
Jertunde Glen Don Bowen		Calvert Co. Md.			
Name of person giving Information		How related to deceased			
Charles W. Moore		Father			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary		How long		
	Pertussis		18 days -		
	Immediate		How long		
	Cerebral Haemorrhage		24 hours -		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
Yes -		Geo. M. Hayes M.D.			
		Address			
		Arnold's P.O. Adams Co. Md.			
Accident or Suicide?					



Name
in
Full

Thomas Henry Moran

CERTIFICATE OF DEATH

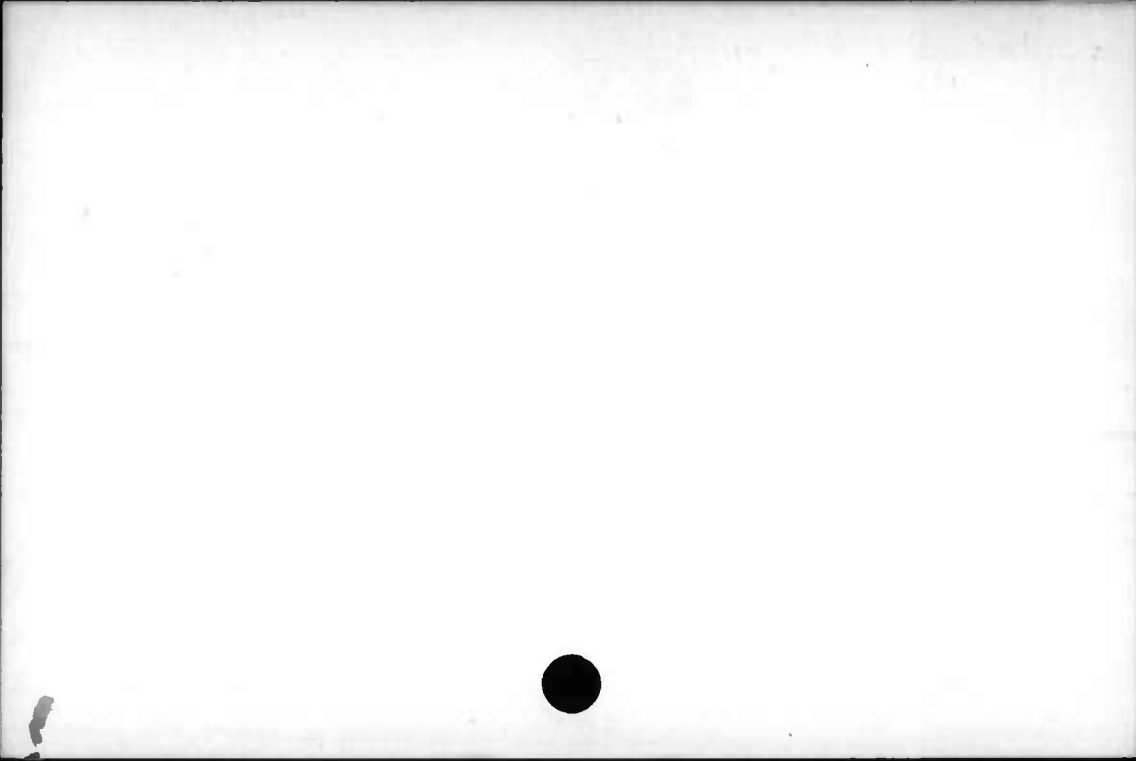
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		STATE	
Marionville		A. D.		Maryland			
Date	Month	Day	Age	Years	Months	Days	
of death	1903	Aug	9	56			
Sex	male		Color or Race	white		Birth-place	Ireland
Occupation	Laborer			Where Residing if not at place of death			
Married, <input checked="" type="checkbox"/>	Name of Wife or			Mary A. Moran			
Father's Name	John Moran			Father's Birthplace	Ireland		
Mother's Maiden Name	Eliza Clark			Mother's Birthplace	Ireland		
Name of person giving Information	Mary A. Moran			How related to deceased	Wife		

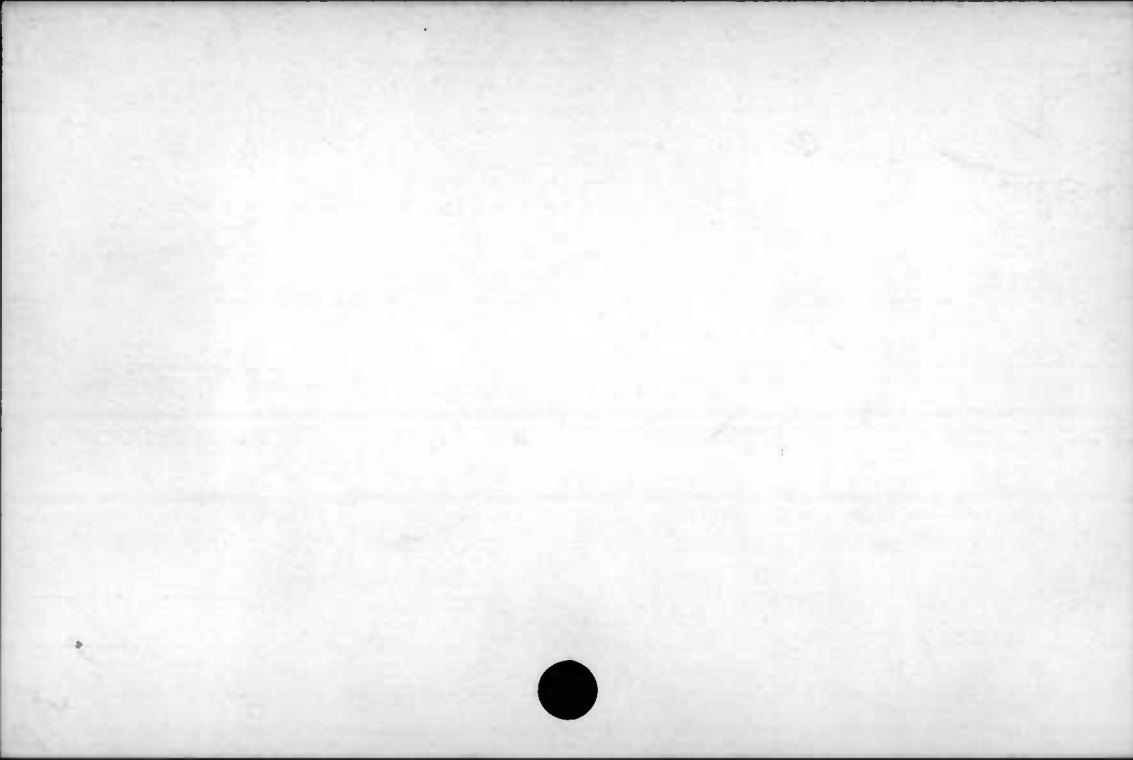
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cerebral Hemorrhage	How long	64
Immediate	Paralysis	How long	14 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr. P. B. Horton
yes		Address	So. Balto, Md.
Accident or Suicide?			



Name in Full		Madeline B. O'Connell				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Carlisle		County a a		MARYLAND
	Date of death 1903		Month 8	Day 5	Age —	Years —	
	Sex Female		Color or Race White		Birth- place		
	Married, Single or Widowed		Occupation				
	Name of Wife or Husband						
	Father's Name Daniel O'Connell				Father's Birthplace Ireland		
	Mother's Maiden Name Carrie Bentley				Mother's Birthplace Baltimore		
	Name of person giving information Carrie O'Connell				How related to deceased Mother		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Marasmus 105			How long 6 weeks	
	Immediate						
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician J. Murphy		Address Arimafolis Rd	
	Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

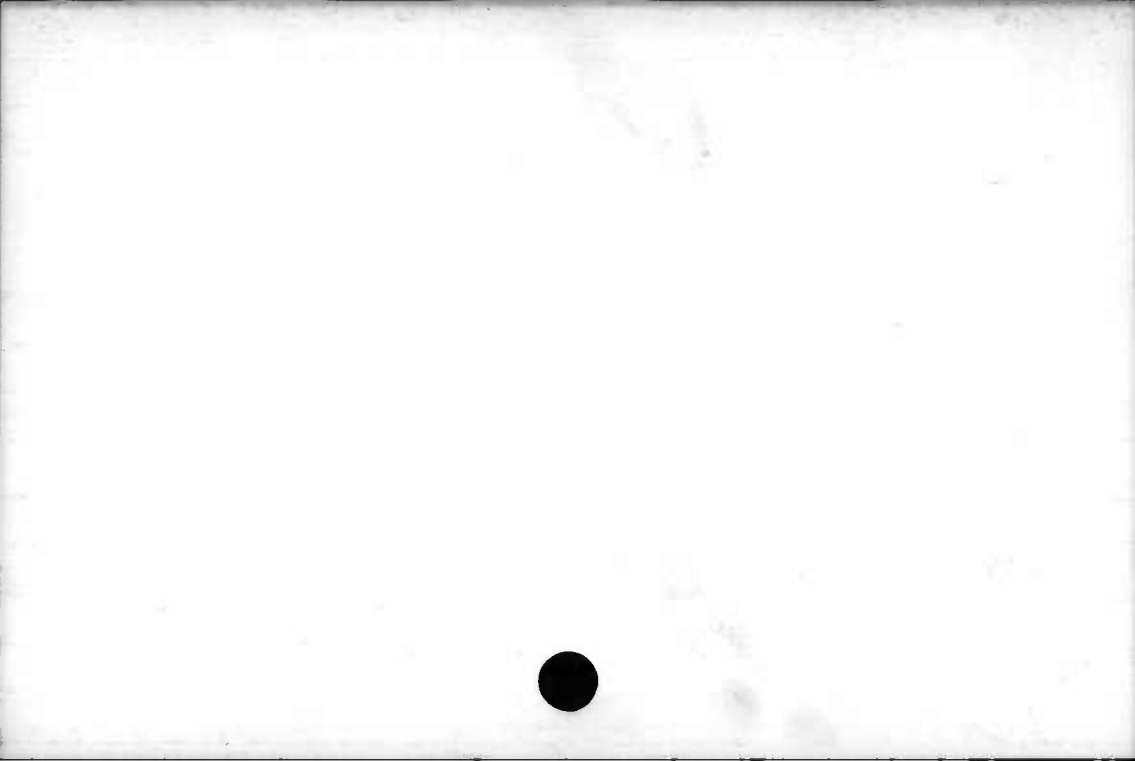
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> Town		<i>Anne Arundel</i> County		MARYLAND	
Date of death 1903	Month <i>8</i>	Day <i>17</i>	Age <i>61</i>	Years <i>—</i>	Months <i>11</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Annapolis</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>John Peters</i>			Father's Birthplace <i>PA Co</i>		
Mother's Maiden Name <i>Louise Peters</i>			Mother's Birthplace <i>Princeton, Pa</i>		
Name of person giving information <i>John Peters</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dementia</i>	How long <i>61</i>
Immediate <i>Meningitis</i>	How long <i>One week</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John Ridout</i>
<i>yes</i>	Address <i>Annapolis Md</i>
Accident or Suicide?	



Name
in
Full

Maggie Pinkney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

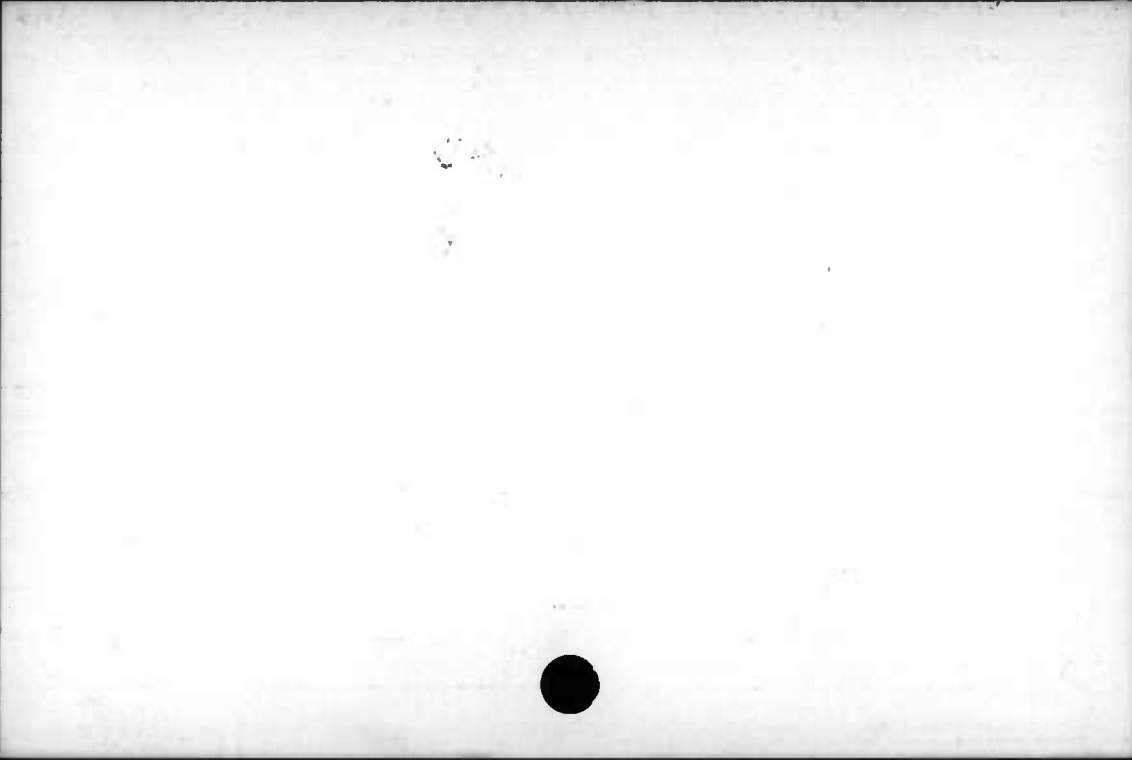
MARYLAND

Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>Anne Arundel</i>	
Date of death 190 <i>3</i>	Month <i>Aug.</i>	Day <i>5</i>	Age <i>—</i>	Years <i>—</i>	Months <i>5</i>
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Annapolis</i>	
Married, Single or Widowed <i>Single</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Merton Pinkney</i>			Father's Birthplace <i>Annapolis</i>		
Mother's Maiden Name <i>Hattie Smith</i>			Mother's Birthplace <i>Annapolis</i>		
Name of person giving information <i>Hattie Smith</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>Months</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. E. Campbell</i>	
<i>yes</i>		Address <i>Annapolis Md</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>May b. Price</i>		Town <i>Annapolis</i>		County <i>AA</i>		MARYLAND	
Died at <i>Annapolis</i>		Month <i>August</i>		Day <i>25</i>		Years <i>10</i>	
Date of death 1903		Month <i>August</i>		Day <i>25</i>		Years <i>10</i>	
Sex <i>Female</i>		Color or Race <i>colored</i>		Birth-place <i>city</i>			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name <i>Wm Price</i>				Father's Birthplace <i>city</i>			
Mother's Maiden Name <i>Lola Tyler</i>				Mother's Birthplace <i>city</i>			
Name of person giving Information <i>Mother</i>				How related to deceased <i>105</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	How long <i>One week</i>
Immediate	<i>Asthma</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John Ridout, M.D.</i>	
<i>yes</i>	Address <i>Annapolis Md</i>	
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

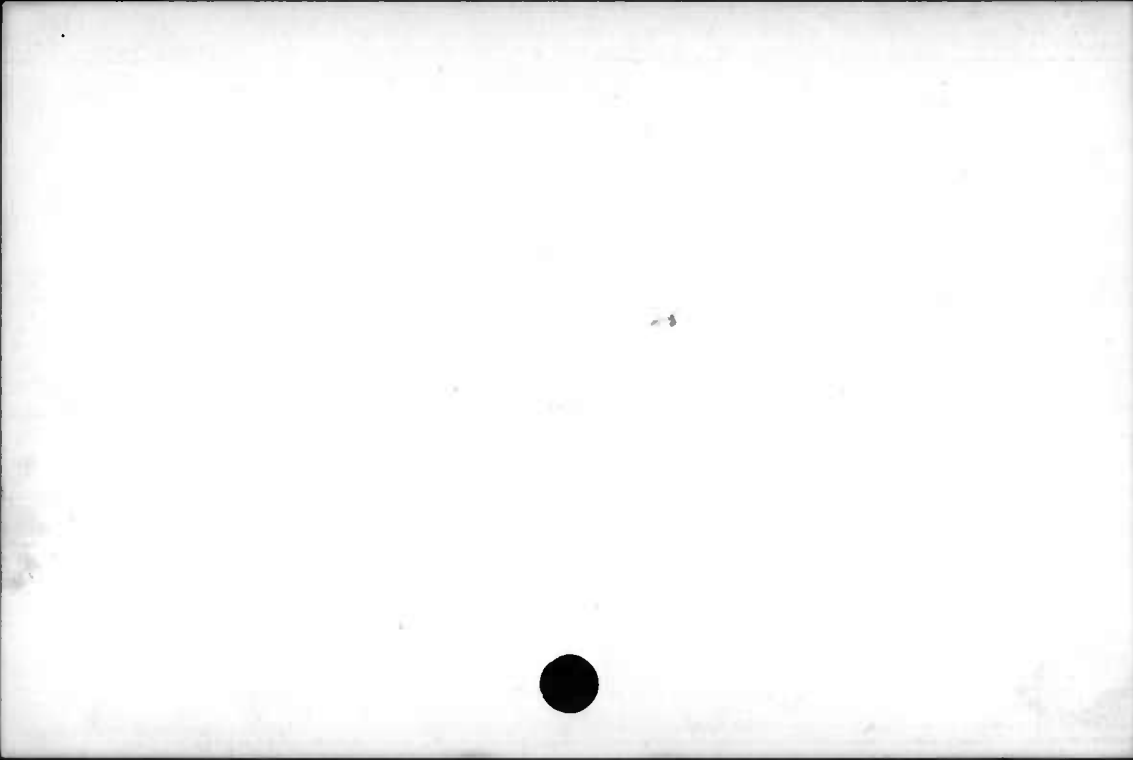
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Benfield</i> <small>Town</small>		<i>Pumphrey</i> <small>County</small>		MARYLAND	
Date of death	<i>1903</i>	Month <i>Aug.</i>	Day <i>21</i>	Age <i>4 yrs</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Benfield</i>			
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband		
Father's Name <i>Unknown</i>			Father's Birthplace		
Mother's Maiden Name <i>Elizabeth Pumphrey</i>			Mother's Birthplace <i>Ho. Co. Md</i>		
Name of person giving Information <i>Andrew Garrison</i>			How related to deceased <i>None</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Premature Birth</i>	<i>15</i>	How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. B. Bryant</i>	
		Address <i>Millersville Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John M. Rhodes

Died at

Curtis Bay

County

Ada

MARYLAND

Date

of death 190

3 Aug

Month

Day

26

Age

Years

1

Months

#

Days

25

Sex

Male

Color or
Race

White

Birth-
place

Md

Married, Single
or Widowed

Single

Occupation

None

Name of Wife or
Husband

Agnes Rhodes

Father's
Name

L. S. R. Rhodes

Father's
Birthplace

Ohio

Mother's
Maiden Name

Agnes Dunn

Mother's
Birthplace

Ohio

Name of person giving
Information

Father

How related
to deceased

John & Martha

CAUSES OF DEATH

Primary

Dentition

How long

10 days

Immediate

Convulsions

How long

15 hours

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

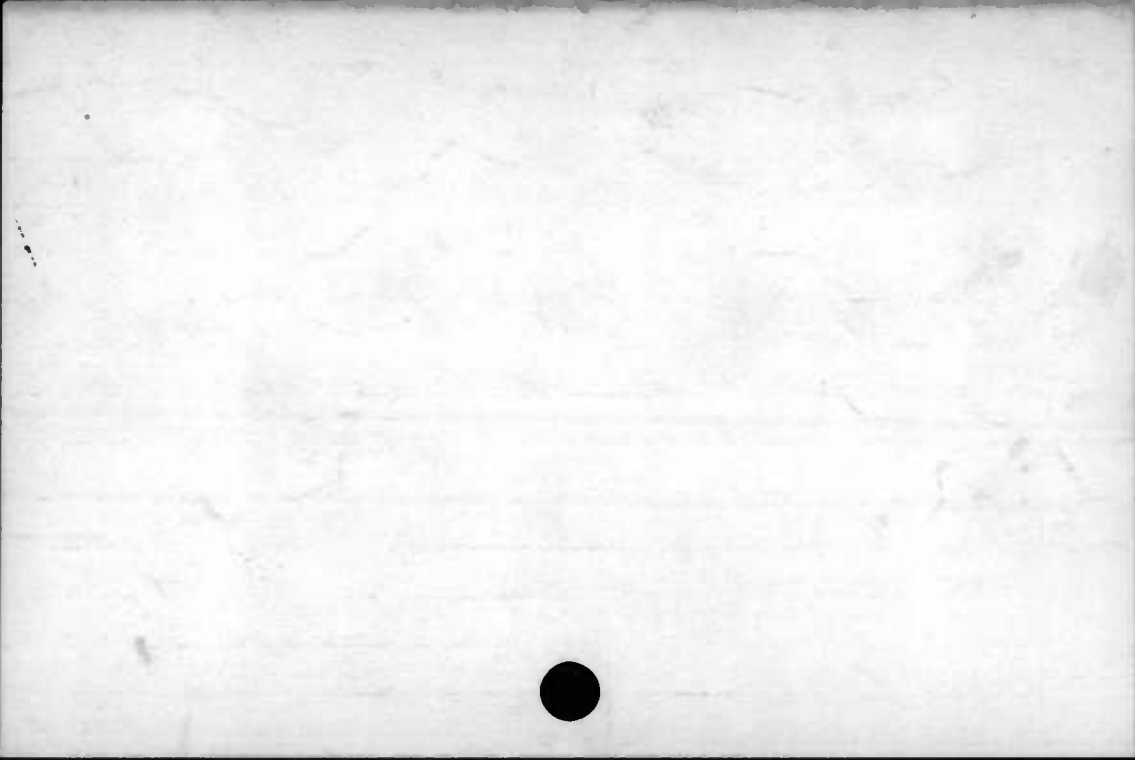
H. Lee Brunk, M.D.

Address

1328 S. Ches. St.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

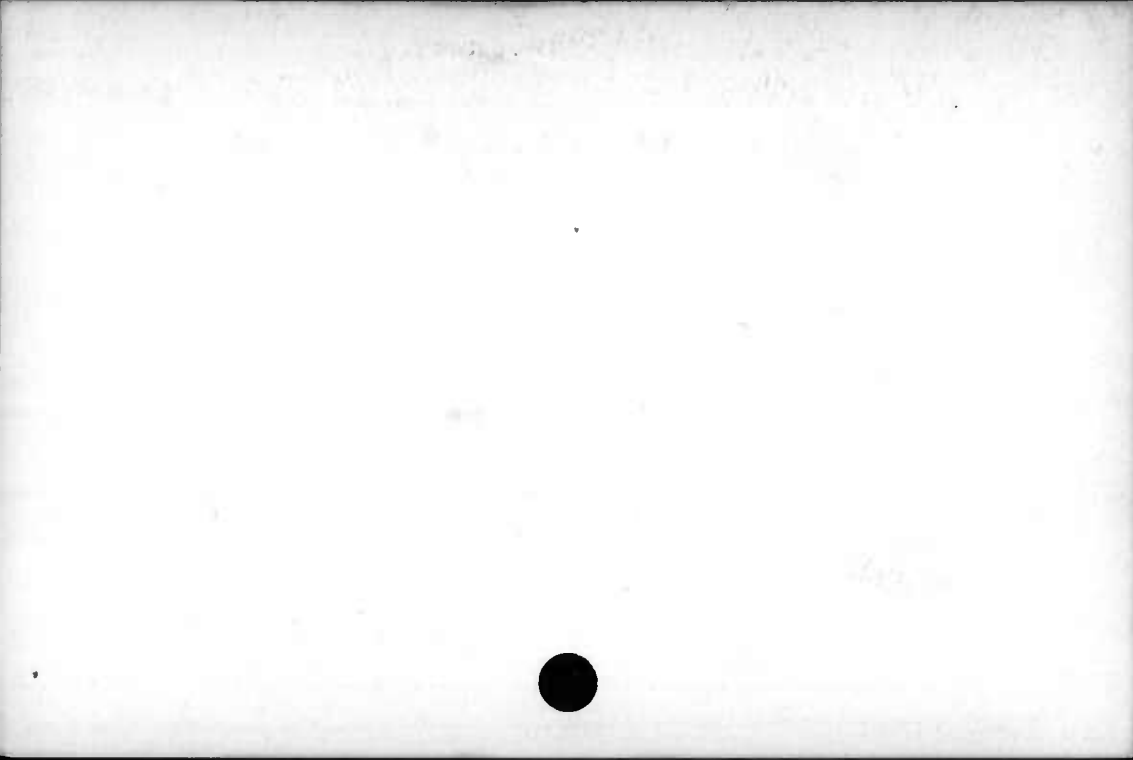
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Schultz</i>		Town <i>S. Baltimore</i>		County <i>W. As</i>		MARYLAND	
Died at <i>S. Baltimore</i>		Month <i>3</i>		Day <i>8</i>		Age <i>16</i>	
Date of death 190 <i>2</i>		Years <i>8</i>		Months <i>16</i>		Days <i>8</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>S. Balto, Md.</i>			
Married, Single or Widowed <i>Single</i>				Occupation <i></i>			
Name of Wife or Husband <i></i>							
Father's Name <i>Michael Achulzi</i>				Father's Birthplace <i>Bohemia</i>			
Mother's Maiden Name <i>Sophia Barburak</i>				Mother's Birthplace <i>Bohemia</i>			
Name of person giving information <i>Michael Schultz</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Infantile Convulsions</i>	How long <i>7 1/2</i>
Immediate <i></i>	How long <i>4 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. P. Horton M.D.</i>
<i>no</i>	Address <i>S. Balto, Md.</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

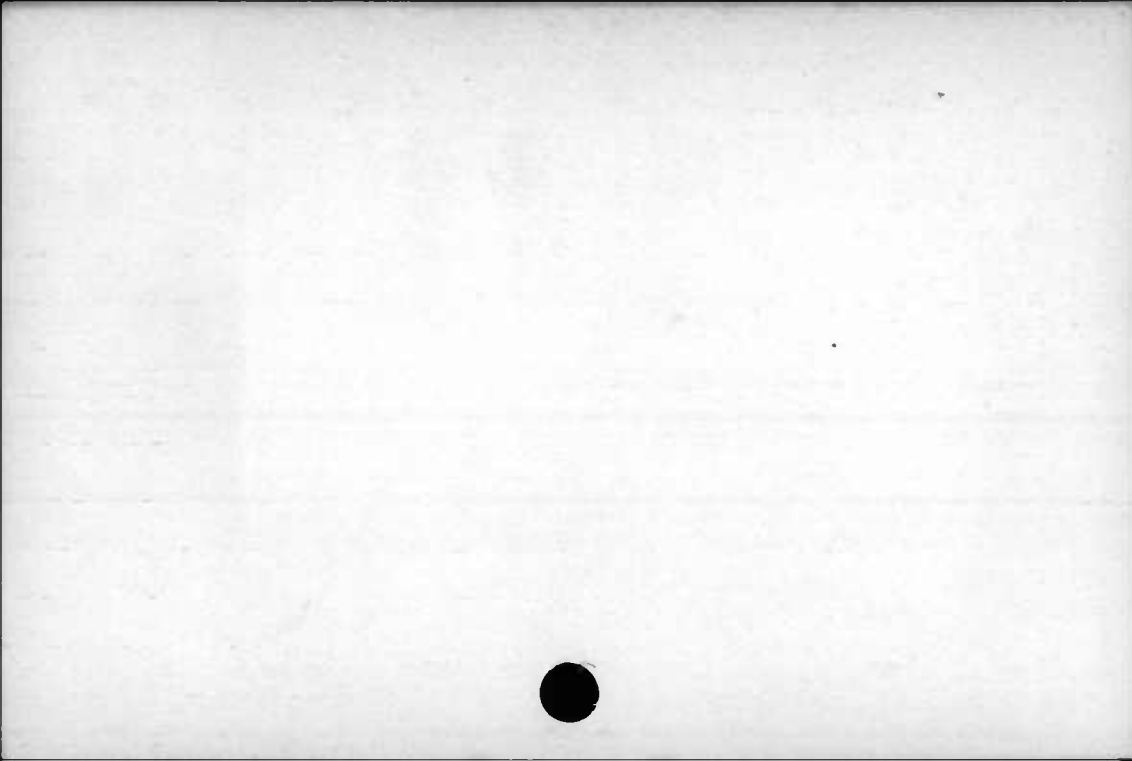
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		Town		County		State	
Died at		Annapolis		St. Anne's		MARYLAND	
Date of death		1903	August	17th	Age	2	Months
Sex		Female		Color or Race		Colored	
Married, Single or Widowed				Occupation		Birth-place	
Name of Wife or Husband						City	
Father's Name		Robert Summers		Father's Birthplace		At Co.	
Mother's Maiden Name		Mary Summers		Mother's Birthplace		At Co.	
Name of person giving information		Mother		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Incurable	How long	Months
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?		Undertaker	



Name
in
Full

CERTIFICATE OF DEATH

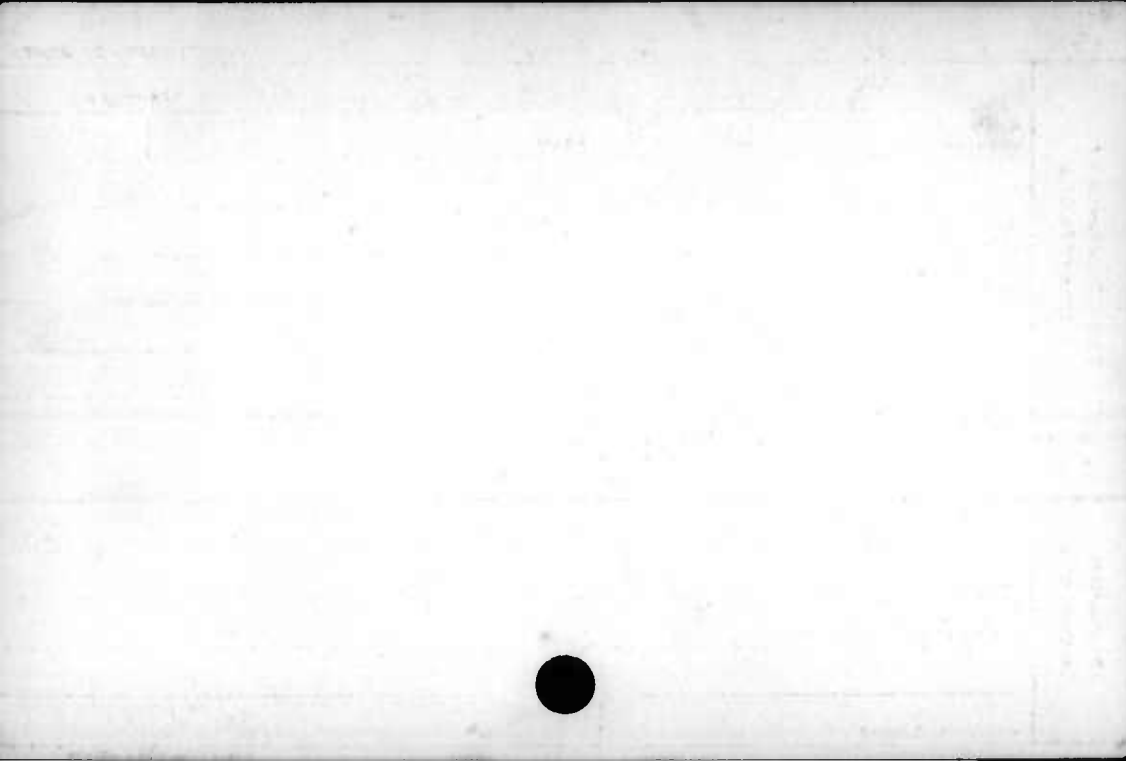
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND							
Date of death 190		3	Month	Aug	Day	18 th	Age	58	Years	Months	4	Days	23
Sex		Male		Color or Race		White		Birth-place		Md.			
Married, Single or Widowed		Married		Occupation		Linner							
Name of Wife		Emma V. Smiley											
Father's Name		Robert Smiley							Father's Birthplace		_____		
Mother's Maiden Name		Margaret Welch							Mother's Birthplace		_____		
Name of person giving information		Mrs. Owell							How related to deceased		Daughter		

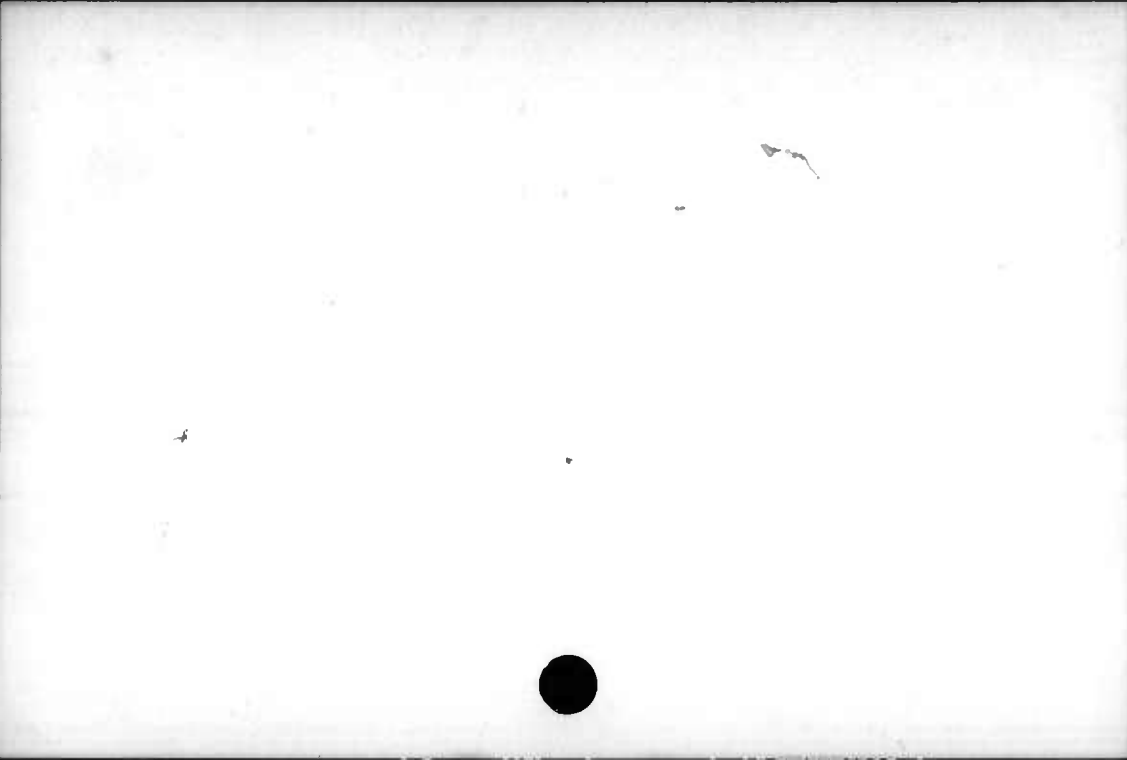
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	14 mos.
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Lewell S. Albarn, M.D.	
Address		Annapolis, Md.	



Name in Full		Digniel G. I. Stiegelmann				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Millersville		County Anne Arundel		MARYLAND	
	Date of death	1903	Month Aug.	Day 29	Age Years 44	Months	Days
	Sex	Male		Color or Race White		Birth- place Annapolis Md	
	Occupation	Carpenter		Where Residing if not at place of death Baltimore			
	Married, or Widowed	—		Name of Wife or Husband Isobel Coleman			
	Father's Name	Frank I. Stiegelmann				Father's Birthplace	Md
	Mother's Maiden Name	Lough Lamb-				Mother's Birthplace	"
	Name of person giving Information	John B. Rice				How related to deceased	Brother in Law
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Phthisis				How long	one year
	Immediate	Exhaustion				How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician		H. B. Bryant
					Address		Millersville Md
	Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

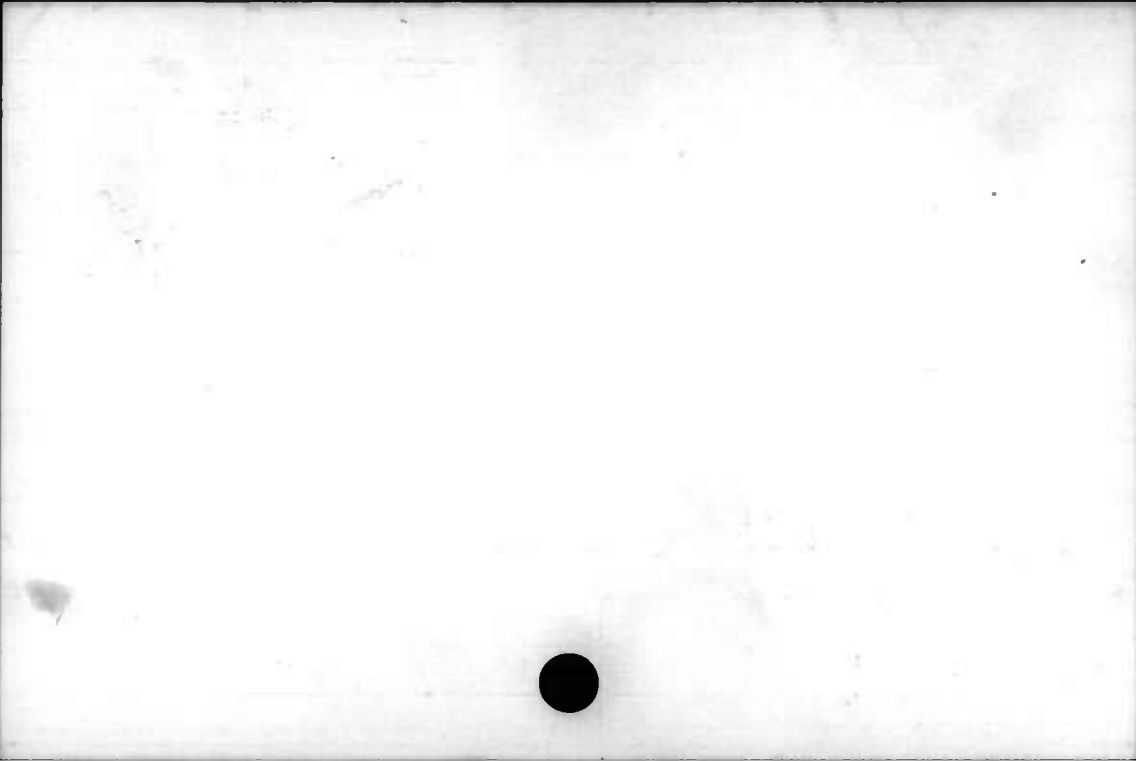
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i> Town			County			MARYLAND		
Date of death 1903		Month <i>8</i>	Day <i>17</i>	Age	Years	Months	Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Annapolis</i>				
Married, Single or Widowed				Occupation				
Name of Wife or Husband								
Father's Name <i>James Shugart</i>				Father's Birthplace <i>Annapolis</i>				
Mother's Maiden Name <i>Louisa Russell</i>				Mother's Birthplace <i>Annapolis</i>				
Name of person giving information <i>Geo H. Wells</i>				How related to deceased <i>Uncle</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Born</i>	How long	<i> </i>
Immediate	<i> </i>	How long	<i> </i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		Address <i>Geo Wells, Annapolis Md</i>	
Accident or Suicide? <i>No.</i>			



Name
in
Full

CERTIFICATE OF DEATH

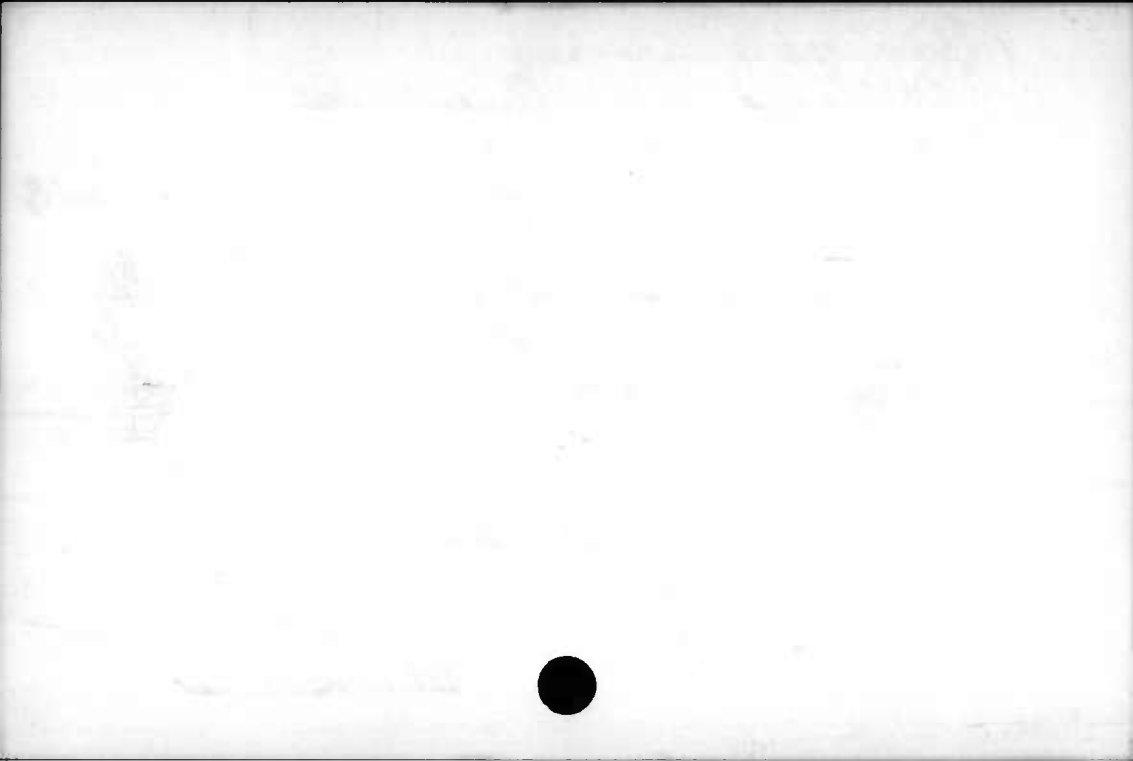
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		STATE	
So. Baltimore		a, a,				MARYLAND	
Date of death	1903	Month	Aug	Day	21	Age	Years
Sex		male		Color or Race		white	
Occupation				Birth-place		Batto. Md	
Where Residing if not at place of death							
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Frank Szymanski		Father's Birthplace		Europe	
Mother's Maiden Name		Lizzie Kraterzykowski		Mother's Birthplace		Europe	
Name of person giving Information		Lizzie Szymanski		How related to deceased		Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholera Infantum	How long	Only saw
Immediate		How long	child once
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	105 Thomas B. Norton M.D.
		Address	So. Baltimore Md
Accident or Suicide?			



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Annaphohi</i> <small>Town</small>		<i>A.A.</i> <small>County</small>	
		Date of death <i>1903 August 18th</i>		Age <i>9</i> <small>Years</small>	
		Sex <i>Female</i>		Color or Race <i>colored</i>	
		Married, Single or Widowed		Birth-place <i>A.A. Geo.</i>	
		Name of Wife or Husband		Occupation	
		Father's Name <i>Joseph Taylor</i>		Father's Birthplace <i>A.A. Geo.</i>	
		Mother's Maiden Name <i>Anna Taylor</i>		Mother's Birthplace <i>A.A. Geo.</i>	
		Name of person giving information <i>Father</i>		How related to deceased	
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<i>Tuberculosis</i>		How long	<i>Months</i>
	Immediate	<i>Exhaustion</i>		How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
	<i>Yes</i>		<i>J. A. Adams</i>		
	Accident or Suicide?		Address		
		<i>Undertaker</i>			
		<i>Annaphohi Md.</i>			



Name
in
Full

Effie Thomas

CERTIFICATE OF DEATH

Died at

Churchton

Town

County

A A

MARYLAND

Date

of death 1903

Month

Aug

Day

12

Age

Years

5

Months

Days

Sex

Female

Color or
Race

colored

Birth-
place

A.A. Co., Ind

Married, Single
or Widowed

Single

Occupation

None

Name of Wife or
HusbandFather's
Name

Daniel Thomas

Father's
Birthplace

Ind

Mother's
Maiden Name

Ida Estep

Mother's
Birthplace

Ind

Name of person giving
information

Harry Estep

How related
to deceased

Uncle

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

7 Mos

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

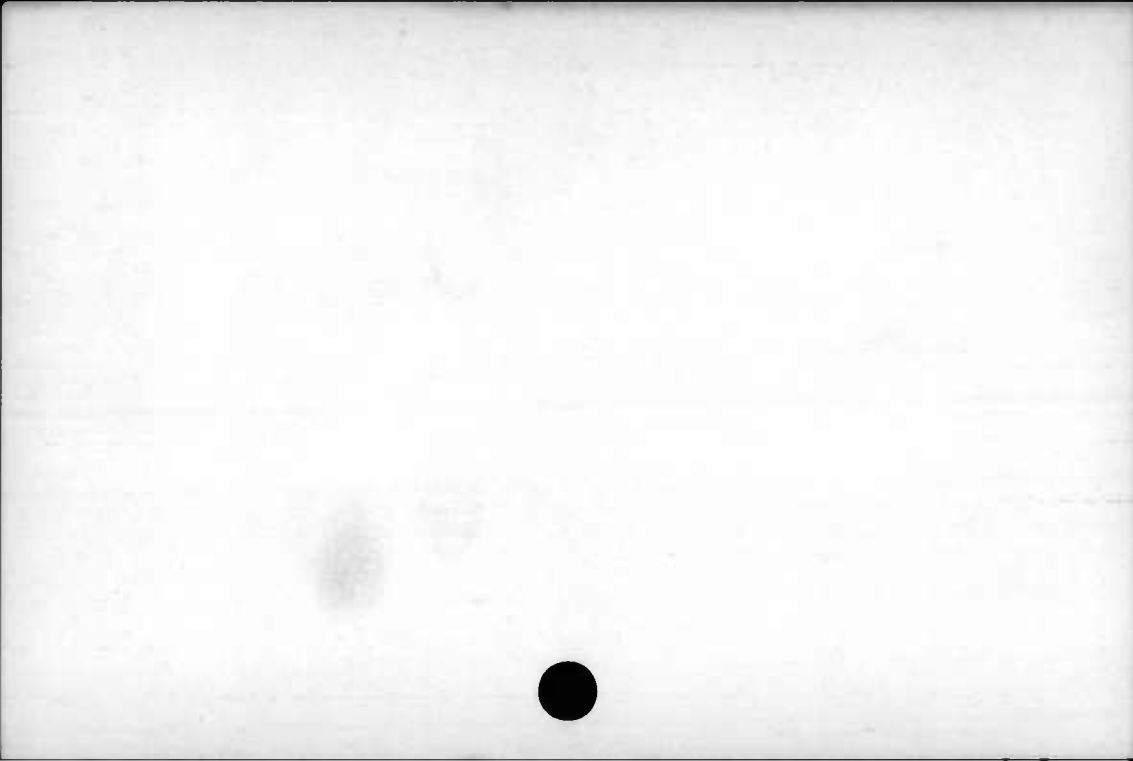
Yes.

Signature of
Physician

Address

Geo. T. Smith M.D.
Churchton Ind

Accident or Suicide?



Name
in
Full

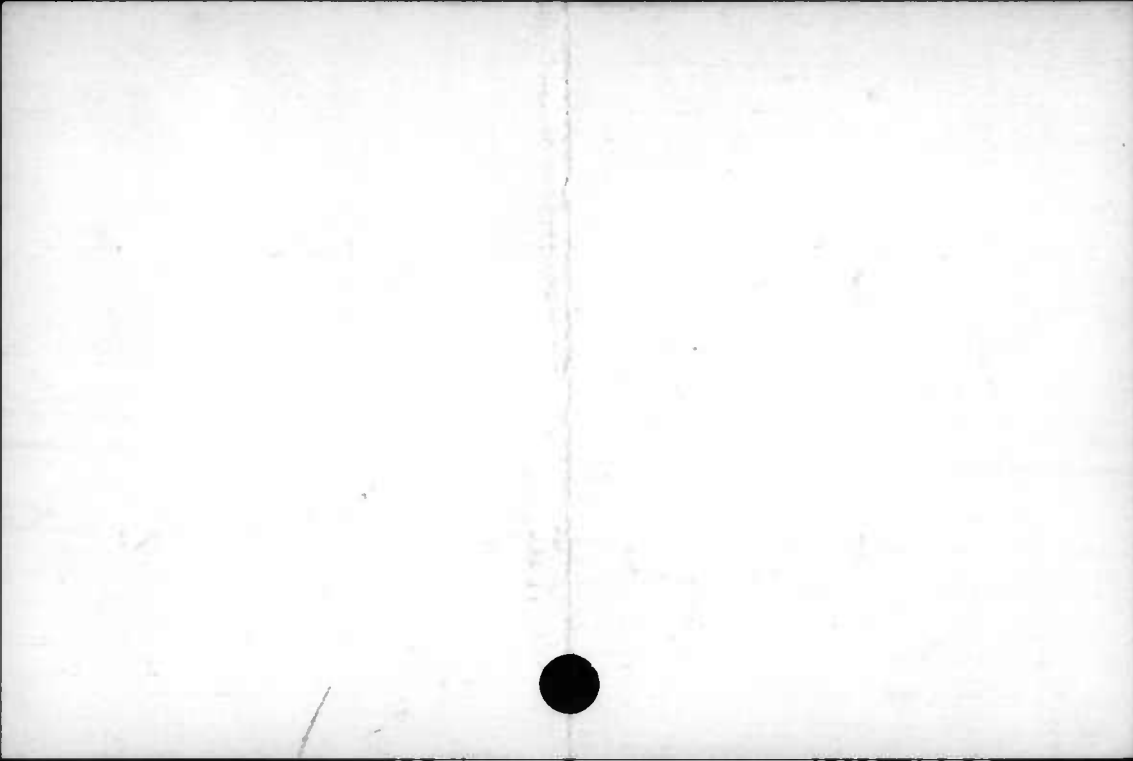
Frances E Turner

CERTIFICATE OF DEATH

Died at <i>Willhams</i> <small>Town</small>		<i>Anne Arundel</i> <small>County</small>		MARYLAND	
Date of death 1903	<i>Aug</i> <small>Month</small>	<i>19</i> <small>Day</small>	Age <i>63</i> <small>Years</small>	<i>2</i> <small>Months</small>	<small>Days</small>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Anne Arundel Co</i>		
Married, Single or Widowed <i>Widow</i>			Occupation <i>housewife</i>		
Name of Wife or Husband <i>Dermis Humphrey M Turner</i>					
Father's Name <i>Dermis Trappfield</i>			Father's Birthplace <i>A A Co</i>		
Mother's Maiden Name <i>Elizabeth Kelahall</i>			Mother's Birthplace <i>A A Co</i>		
Name of person giving information <i>Ursula Ford</i>			How related to deceased <i>daughter</i>		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Carcinoma of Stomach</i>	How long	<i>2 years</i>
	Immediate	<i>Heart failure</i>	How long	<i>—</i>
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Thomas H Brayshaw</i>	
			Address <i>Gen Burnie</i>	
Accident or Suicide?				



Name in Full		Lionel Wolford				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND		
		East Port.		Anne Arundee				
		Date of death 1903	Month	Day	Age	Years	Months	Days
		3 Aug 12		6				
		Sex	Female	Color or Race	White	Birth-place	East Port.	
		Married, Single or Widowed	Single		Occupation			
		Name of Wife or Husband						
TO BE ANSWERED BY NEAREST FRIEND		Father's Name				Father's Birthplace		
		John B. Wolford				Daughter & Mother		
		Mother's Maiden Name				Mother's Birthplace		
		Mary Parrish				2 nd A. A. Co.		
TO BE ANSWERED BY NEAREST FRIEND		Name of person giving information				How related to deceased		
		John B. Parrish				Father		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary				How long		
		Gastric Intoxication				1 week		
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above?				yes.		
		Signature of Physician				J. J. Murphy		
PHYSICIAN OR CORONER		Address				Same as above		
		Accident or Suicide?						

Dr Murphy -